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Illinois Department of Public Aid

Edward T. Duffy, Director

1986: LONG TERM CARE RESEARCH AND DEMONSTRATION PROJECTS FINAL REPORTS

NEW HORIZONS IN LONG TERM CARE

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Funds for collaborative research in long term care were appropriated in the Department of Public Aid's budget in Fiscal Year 1986 to find new ways to treat long term care patients in Illinois nursing homes. The \$1.25 million appropriation enabled the State, academic institutions, and providers of long term care to pool their talents for the first time. In all, there were 17 projects funded in Fiscal Year 1986. The attached document is the final report from one of those projects.

The Department of Public Aid expects the ideas generated by these projects to be put into reality. There are, in fact, training programs already being disseminated as a result of the research.

This report is one of a series of reports that comprise the long term care projects funded during 1986. Copies of the other reports are available from the Department of Public Aid by writing to Jo Ann Day, Ph.D., Long Term Care Research and Demonstration Project Director, Office for Employment and Social Services.

Edward T. Duffy

ETD:ww

CASE MANAGEMENT/FACILITY MANAGEMENT

by
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Illinois Department of Public Aid
Long Term Care Research and Demonstrations Projects
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The statements contained in this report are solely those of the authors and do not necessarily reflect the views or policies of the Illinois Department of Public Aid. The authors assume responsibility for the accuracy and completeness of the information contained in this report.

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FINAL REPORT

This deliverable demonstrates a management system which utilizes automation for linking case management and facility management. The benefits of this system are that it:

- o promotes a resident centered approach to care planning
- o provides easy access to more information for facility management
- o provides management with accountability in the multidisciplinary team approach to patient care

This system has two major components or modules: care planning and data base. These two components are integrated which provides the linkage necessary to use resident information for facility operations. The two components, care planning and data base, will be described separately in this report but the sample reports included will illustrate the integration or linkage between case management and facility management. The system has been modified by the vendor to incorporate the resident assessment form developed by this Project Team in the data base. Actual implementation of the system in a facility and field testing, as described in the first deliverable, is the second phase of a two-year demonstration project.

Care Planning Component - Case Management

With this system, care planning staff are able to identify resident problems more easily through a comprehensive assessment of each resident. After manual development of the care plan in which problems, goals and approaches are formulated, the resident

care plan is used as an input document for the computer system. The system then produces output documents which are described as Work Task Sheets to be used by resident care staff. These Work Task Sheets are automatically generated from the care plan and provide facility management with accountability to assure all disciplines responsible for portions of the resident care plan are aware of their tasks and that those tasks are performed. In addition, the system provides an organized method for communicating resident responses to the care plan goals to the appropriate persons who document those responses. Other important features of the care planning component are:

- o the ability to revise the care plan easily without manually rewriting it
- o the ability to track the history of a care plan, the goals met, changed or deleted.

The above described features provide the basis for the Dynamic Integrated Care Planning System which is responsive to resident needs and promotes a multidisciplinary team approach to care planning.

Data Base Component - Facility Management

The document responsible for linking case management with facility management is the Total Resident Assessment Form because it is used as the primary information input source for both the care planning and data base components. The Total Resident Assessment Form and the Admission and Discharge Record serve as input documents for the data base component and contain information which create files which are useful to facility management for planning and organizing facility operations with a resident-centered approach. A system which provides easy access

to this information provides a method to operate a facility based on resident needs, strengths and preferences which, in turn, promote increased resident satisfaction. For example, it is assumed that an activity program which is based on past and present interests of those residents in the facility would be more meaningful and productive than an activity program which is standardized for the convenience of the staff. [The information provided in the reports which are generated from the data base can be used in a variety of ways to schedule staff, organize resident rehabilitation and training programs, assign room and dining room assignments, and plan parties and events. Examples of these reports are included in this deliverable to demonstrate how the system may be used, what the reports will look like and who will use them.

The material presented on the following pages is a step-by-step guide for users of the case management/facility management system and includes two Assessments, Care Plans and their associated Work Task Sheets.

For purposes of demonstrating the processing of information for the care planning and data base components of the Dynamic Integrated Care Planning System (DICPS), we present a context diagram on the following page. This context diagram will be fully explained in this report with examples of each input and output document.

INPUT

OUTPUT

CARE PLAN COMPONENT

- Resident Care Plans
- Work Task Sheets
- Goal Summary Sheets
- Resident Goal Tracking Summary

DATA BASE COMPONENT

- Church Information
- Funeral Home Preference List
- Diagnosis Report
- Physical Exam List
- Physical Exams Due
- Discharge Report
- Birthday List
- Primary Observed Behavior
- Monthly Weight Report
- Weight Monitor List
- Skin Breakdown Potential
- Bowel & Bladder Training List
- Personal Hygiene-ADL Assistance
- Physical Rehab-Transfer Training
- Positioning List
- Physical Rehab-Weight Bearing
- Special Equipment Needs
- Resident Dining Area
- Eating Equipment Needs
- Residents Needing Physical Assistance With Eating
- Diet Preference Report
- Diet Order Report
- Residents' 1:1 Visitation
- Residents' Club/Organization List
- Residents' Voting List
- Residents With Volunteer Work Experience
- Residents' Interests List
- Resident Strengths List

Admission and Discharge Record

Total Resident Assessment

Resident Care Plan (RCP)

RCP Revisions

Monthly Resident Weights

DYNAMIC
INTEGRATED
RESIDENT
CARE
PLANNING
SYSTEM

Admissions and Discharge Record

This form is completed on admission and provides demographic information for the data base system. By using this form as an input document for the data base, all of the information can be summarized in any form for various uses for facility management. Examples included in this report are:

- Church Information
- Funeral Home List
- Diagnosis Report
- Physical Exam List
- Discharge Report

Patient Record No. _____

Name of Person to be Notified in Case of Emergency		Address		Phone No.	
Attending Physician		Phone No.		Mortician	
Alternate Physician		Phone No.		Dentist	
				Phone No.	

CODE NUMBER

DISCHARGE DIAGNOSIS

Cause of Death _____

☐ Hospital — Name _____

☐ Other Facility (Name) _____

Date and Time _____ Signature _____
☐ Attending Physician ☐ Medical Director ☐ Staff Physician

Name of Facility _____

Total Resident Assessment

This form is completed by Nursing, Activities and Social Services and provides comprehensive information for the resident data base and as a basis for care planning. By using this form, care planning staff are able to develop a problem list from one form rather than separate forms for each discipline. This assessment form is a permanent part of the resident record and is revised, as necessary, before each care plan update. For a resident who has had significant changes, a new assessment form is completed. The information on this form is summarized in the following ways to generate facility management reports:

- Primary Observed Behavior
- Monthly Weight Report
- Skin Breakdown Potential
- B & B Training List
- Personal Hygiene-ADL Assistance List
- Physical Rehab-Transfer Retraining List
- Positioning List
- Physical Rehab-Weight Bearing List
- Special Equipment Needs
- Resident Dining Area
- Eating Equipment Needs
- Residents Needing Physical Assistance with Eating
- Diet Preference Report
- Residents on 1:1 Visitation
- Residents' Club/Organization List

Total Resident Assessment - Continued

Residents Voting List

Residents with Volunteer Work Experience

Resident Interests List

Resident Strengths List

For demonstration purposes the same assessment form is followed by two resident assessments: Fred Watson and Valerie Duncan.

TOTAL RESIDENT ASSESSMENT

RESIDENT: _____ NICKNAME: _____ DATE ADMISSION: _____
 RESPONSIBLE PARTY: _____ GUARDIAN _____ P.O.A. _____

GENERAL INFORMATION:

1. Adm. From: _____ 2. Mode of Transfer _____ 3. Allergies _____
 Hospital _____ Ambulance _____ NKA _____
 Home _____ Family car _____ Medication: _____
 E.C.F. _____ Walk _____ (Specify) _____
 Other (Specify) _____ W/C _____ ** see dietary (food) _____
 _____ Stretcher _____ Other _____

4. Items brought with resident

_____ Dentures (___ U. ___ L.) _____ Hearing Aid _____ Other _____
 _____ Glasses _____ Eye _____
 _____ Prothesis _____ Ring _____
 _____ _____

5. Medications Brought by Resident

Medication	# of Pills	Prescription #	Pharmacy
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MENTAL STATUS:

1. Alert to:	2. Disoriented to:	3. Confusion	4. Memory	5. Att. Span
Time _____	Time _____	Mild _____	Recent _____	Good _____
Place _____	Place _____	Mod. _____	Good _____	Fair _____
Person _____	Person _____	Severe _____	Fair _____	Poor _____
Staff _____	Staff _____		Poor _____	

6. Is Able to:

	Yes	No	7. Has Communication Problem Due to:
Follow simple directions	_____	_____	Aphasia _____
Follow complex directions	_____	_____	Language (specify) _____
Write or print name	_____	_____	Other _____
Read newspaper/books	_____	_____	Additional Comments: _____
Limited reading ability	_____	_____	_____
Comprehend when read to	_____	_____	_____

EMOTIONAL STATUS:

Interaction:	Expresses feelings of:	Speech:
Initiates conversation	Interest _____	Calm _____
Speaks when spoken to	Satisfaction _____	Excited _____
Answers ques. appro.	Anxiety _____	Demanding _____
Withdrawn	Hostility _____	Loud _____ Soft _____
Other _____	Other _____	Stammering _____
		Mumbles _____
		Other _____

EMOTIONAL STATUS: (Continued)

Which word best describes this resident:

- | | | |
|--|--------------------------------------|--|
| ☐ Angry | ☐ Embarrassed | ☐ Non-questioning |
| ☐ Answers ques. readily | ☐ Euphoric | ☐ Seeks support |
| ☐ Anxious | ☐ Fearful | ☐ Talkative |
| ☐ Confident | ☐ Homesick | ☐ Trustful |
| ☐ Critical | ☐ Hypoactive | ☐ Withdrawn |
| ☐ Demanding | ☐ Hyperactive | ☐ Depressed |
| ☐ Quick to comprehend | ☐ Insecure | ☐ Distrustful |
| ☐ Slow to comprehend | ☐ Lethargic | ☐ Passive |
| ☐ Unable to comprehend | ☐ Questioning | ☐ Secure |

Additional Comments: _____

OBSERVED BEHAVIOR:

- | | |
|--|--|
| ☐ Gets along well with staff | ☐ Sexual advances to others |
| ☐ Gets along with other residents | ☐ Runs away from facility |
| ☐ Part. in group activities | ☐ Exhibitionism |
| ☐ Appropriate sexual behavior | ☐ Instigation |
| ☐ Needs suprv.in comm.activities | ☐ Mooching |
| ☐ Yells or screams | ☐ Negative attitude |
| ☐ Verbally abusive | ☐ Pilfering |
| ☐ Combative | ☐ Restlessness |
| ☐ Belligerent | ☐ Roaming |
| ☐ Agitated | ☐ Uncooperative |
| ☐ Sarcastic | ☐ Fabricates stories |
| ☐ Touchy | ☐ Nervous |
| ☐ Threatening | ☐ Inappropriate sexual behavior (explain) _____ |

Additional Comments: _____

PHYSICAL CONDITION:

SKIN

Height _____ Weight _____

- | | | | |
|-----------------------------------|---|---|-------------------------------------|
| 1. Texture | 2. Turgor | 3. Condition | 4. Appears |
| ☐ Normal | ☐ Elastic & Full | ☐ Good | ☐ Obese |
| ☐ Dry | ☐ S/W Elastic & Full | ☐ Bruises(specify) _____ | ☐ Normal Wt. |
| ☐ Oily | ☐ Loose & Hanging | ☐ Scratches(specify) _____ | ☐ Thin |
| ☐ Wrinkles | | ☐ Red Areas _____ | ☐ Emaciated |
| ☐ Smooth | | | ☐ Dehydrated |

- | | |
|----------------------------------|-------------------------------------|
| 5. Problems: Location Size Color | Location Size Color Stage |
| ☐ Bunions | ☐ Tumor |
| ☐ Corns | ☐ Decubitus* |
| ☐ Rash | ☐ Other |

*See decubitus sheet

Additional Comments: _____

**See nurses admission sheet

CIRCULATION:

Skin Feels:	Color:	Chest Pain:	Varicose veins:
☐ Warm	☐ Pink	☐ None	☐ _____
☐ Cold	☐ Cyanotic	☐ With exertion	☐ Edema: _____
☐ Clammy	☐ Pale	☐ At Rest	_____
☐ Other: _____	☐ Other: _____		

Pulse: R.Radial _____ : L.Radial _____ : R.Pedal _____ : L.Pedal _____
 Comments: _____

ENDOCRINE:

	Yes	No
Recent hypoglycemia	_____	_____
Recent hyperglycemia	_____	_____
Goiter	_____	_____
Recent weight change	_____	_____
Recent hair change	_____	_____
Recent skin change	_____	_____
Other _____	_____	_____
Comments: _____		

RESPIRATORY:

	Yes	No
Hx. of Dyspnea	_____	_____
Hx. of Apenia	_____	_____
Congestion or cough	_____	_____
Cyanosis	_____	_____
Lungs clear	_____	_____
Chest deformity noted	_____	_____
Other _____	_____	_____
Comments: _____		

G. I.:

	Yes	No
Nausea or vomiting	_____	_____
Abdominal pain	_____	_____
Abdomen soft	_____	_____
Distention present	_____	_____
Hemorrhoid	_____	_____
Hiatal Hernia	_____	_____
Other _____	_____	_____
Comments: _____		

REPRODUCTIVE:

	Yes	No
Inflammation or discharge	_____	_____
Known breast lumps	_____	_____
Prolapsed uterus	_____	_____
Other _____	_____	_____
Comments: _____		

EYES:

	Yes	No
Vision good	_____	_____
Vision poor	_____	_____
Cataracts	_____	_____
Drainage	_____	_____
Lacerations	_____	_____
Glaucoma	_____	_____
Other _____	_____	_____
Comments: _____		

EARS:

	Yes	No
Pain	_____	_____
Loss of hearing	_____	_____
Totally deaf	_____	_____
Drainage	_____	_____
Other _____	_____	_____
Comments: _____		

URINARY:

Color:	Incontinence:	Pain:	
☐ Normal	☐ None	☐ Never	☐ Hx. of Urine retent.
☐ Concentrated	☐ Occasional	☐ Occasional	☐ Hx. of U.T.I.
☐ Cloudy	☐ Nights Only	☐ Frequent (specify) _____	
☐ Sediment	☐ Totally		Comments: _____
☐ Blood			_____
Diuretics			
Candidate for retraining program if Incontinent			☐ Yes ☐ No
Catheter	☐ Yes ☐ No		

ELIMINATION:

of times per week laxative taken _____
 How often do bowels move? _____
 History of Impactions _____
 Color of stools _____
 Consistency of stools _____
 Candidate for retraining Yes _____ No _____

PAST SURGERY & HOSPITAL:

SLEEP:

____ Sleeps well _____ Naps thru day
 ____ Sleeps poorly _____ Awake at inapp.times
 ____ Short sleep periods

Use of Sleep Meds:

____ Never
 ____ Occasional
 ____ Regular

Preferred time to go to bed: _____

Special needs: _____

Comments: _____

PERSONAL HYGIENE:

Bath:	Combs Hair:	Shampoo:	Nails:	Shaves:	Dresses:
____ Self	____ Self	____ Self	____ Self	____ Self	____ Self
____ c assist	____ c assist	____ c assist	____ c assist	____ c assist	____ c assist
____ Staff	____ Staff	____ Staff	____ Staff	____ Staff	____ Staff

Condition of tongue: _____ Condition of teeth and oral hygiene: _____
 ____ Normal _____ Satisfactory
 ____ Coated _____ Unsatisfactory(specify) _____
 ____ Dry _____ Dentist: _____

MOBILITY AND RESTORATIVE NURSING:

Body Movement:	Muscle Strength:	Equilibrium:	Joints/Pain or Stiffness:
____ Active	____ Good	____ Good	____ None
____ Slowed	____ Fair	____ Fair	____ Some
____ Very Slowed	____ Poor	____ Poor	____ Severe, Joints affected

Ambulation:	Difficulty in getting:	Transfers:
____ Steady	____ OOB	____ Alone
____ Unsteady	____ Out of Chair	____ Sitting
____ Unable to Move	____ Off Toilet	____ Standing
____ Weakness		____ With Assist
____ Limited Movement		____ Totally Dependent
____ Shuffles		____ Candidate for transfer
____ Other		____ training

Specify each of the following:

Paralysis: _____

Contractures: _____

Amputations: _____

Fractures: _____

Deformities: _____

MOBILITY AND RESTORATIVE NURSING: (Continued)

Special Positioning Needs: Needs Positioning In: Devices:

☐ Foot rests ☐ Bed ☐ Cane
☐ Pillows ☐ W/C ☐ W/C
☐ Sheep skin ☐ Other ☐ Other
☐ Air mattress ☐ Other
☐ Other

Weight Bearing: Safety Devices: Hand Strength: Resident Is:
☐ Non ☐ Posey vest Right Left ☐ Right handed
☐ Partial ☐ Side rails ☐ Strong ☐ Strong ☐ Left handed
☐ Full ☐ Geri chair ☐ Med ☐ Med
☐ Other ☐ Weak ☐ Weak

Comments: _____

DIETARY:

Eats: DIET Date Ordered
☐ Well ☐ Needs: ☐ Tray setup ☐ Problems: ☐ Special Equip:
☐ Needs Coaxing ☐ Phy. assist ☐ Eats to excess ☐ Plate guards
☐ Inconsistent ☐ Verbal cueing ☐ Refuses food ☐ Spoon holder
☐ Patterns ☐ Fed by staff ☐ Choking ☐ Lap board
☐ Difficult swallowing
☐ Difficult chewing ☐ Other
 Table Manners: Food/Fluids Likes/Dislikes
☐ Adequate
☐ Not adequate(specify) _____

Seating Assignment _____

SOCIAL HISTORY:

☐ Prefers to be alone ☐ Wants to help others
☐ Enjoys group experiences ☐ Wants help from others
☐ Makes friends easily ☐ Doesn't get along with others
 Names, Addresses of Children: ☐ Shows interest ☐ Visits

Children deceased: _____ Number of Grandchildren: _____
 Reactions to losses, death of a loved one, moving or separation from family: _____

To whom does the individual relate the best? _____
 Years of formal education: _____
 Places traveled: _____
 Member of clubs or organizations: _____
 Special likes or dislikes: _____
 What kinds of pets did you have? _____
 Are you registered to vote? _____ Where? _____
 Would you like to continue voting? _____
 Have you done any volunteer work? _____
 What is the best thing you do to relax? _____
 Is able to handle own money? _____
 Needs and wants assistance handling money? _____
 Discharge potential _____ Poor _____ Fair _____ Good

*See discharge plan - under misc. on pt. chart

ACTIVITY ASSESSMENT:

INTERESTS	ACTIVITIES	P = PRESENT		X = PAST		GROUP		INDIVIDUAL	
		P	X	yes	no	yes	no		
	Recreational								
	Arts & Crafts								
	Exercises								
	Games								
	Hobbies								
	Intellectual								
	Educational								
	Music								
	Out of Facility								
	Special Programs								
	R. O.								
	Remotivation								
	Movies								
	Room/Visit Program								
	Cooking								
	Religious								
	Fishing								
	Television								
	Collecting								
	Sports								

Activities which individual no longer does but might be renewed with encouragement: _____

Any special skills or talents that you can share with the other residents? Yes _____ No _____ What? _____

What makes you laugh? _____

Is there anything that you would like us to know? _____

Types of activities recommended: (check all that apply)

- | | |
|---|---|
| ☐ R.O. | ☐ Sensory stimulation |
| ☐ Remotivation | ☐ Physical activity |
| ☐ Entertainment/recreation | ☐ Enhance adjustment to disability |
| ☐ Group social interaction | ☐ Improve mood |
| ☐ Creative act./crafts | ☐ Improve self-esteem |
| ☐ Spiritual/religious | ☐ Provide emotional expression |
| ☐ Intellectual stimulation | ☐ Develop/use leadership skills |
| ☐ Outdoor programs | ☐ Community outings |
| ☐ Other(specify) _____ | |

Activity program methods:

☐ 1:1 ☐ Small group (2-7)

☐ Large group (8 or more)

☐ Volunteer contact

INITIAL ASSESSMENT COMPLETED BY

DATE:

ASSESSMENT REVIEWED _____ BY _____

ASSESSMENT REVIEWED _____ BY _____

ASSESSMENT REVIEWED _____ BY _____

ASSESSMENT REVIEWED _____ BY _____

PROBLEM LIST

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

TOTAL RESIDENT ASSESSMENT

RESIDENT: Valerie Duncan NICKNAME: _____ DATE ADMISSION: 8/30/84
 RESPONSIBLE PARTY: Carolyn Hall GUARDIAN ☒ P.O.A.

GENERAL INFORMATION:

1. Adm. From: _____ 2. Mode of Transfer _____ 3. Allergies _____
 Hospital _____ ☒ Ambulance ☒ NKA
☒ Home _____ Family car _____ Medication: _____
 _____ E.C.F. _____ Walk _____ (Specify) _____
 _____ Other (Specify) _____ W/C _____ ** see dietary (food)
 _____ Stretcher _____ Other _____

4. Items brought with resident
 Dentures (U. L.) _____ Hearing Aid _____ Other _____
☒ Glasses _____ Eye _____
 _____ Prothesis _____ Ring _____

5. Medications Brought by Resident

Medication	# of Pills	Prescription #	Pharmacy
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MENTAL STATUS:

1. Alert to:	2. Disoriented to:	3. Confusion	4. Memory	5. Att. Span
Time ☒	Time ☒	Mild _____	Recent _____	Good _____
Place ☒	Place _____	☒ Mod. _____	Good ☒	☒ Fair _____
Person ☒	Person _____	Severe _____	☒ Fair _____	_____ Poor _____
Staff ☒	Staff _____		_____ Poor _____	

6. Is Able to: Yes No 7. Has Communication Problem Due to:
 Follow simple directions ☒ _____ Aphasia _____
 Follow complex directions _____ ☒ _____ Language (specify) _____
 Write or print name ☒ _____ Other _____
 Read newspaper/books ☒ _____ Additional Comments: _____
 Limited reading ability ☒ _____ hearing impairment
 Comprehend when read to ☒ _____

EMOTIONAL STATUS:

Interaction:	Expresses feelings of:	Speech:
Initiates conversation _____	Interest _____	Calm _____
☒ Speaks when spoken to _____	Satisfaction _____	Excited _____
Answers ques. appro. _____	☒ Anxiety _____	Demanding _____
Withdrawn _____	Hostility _____	Loud ☒ Soft _____
Other _____	Other _____	☒ Stammering _____
		Mumbles _____
		Other _____

EMOTIONAL STATUS: (Continued)

Which word best describes this resident:

☐ Angry	☐ Embarrassed	☐ Non-questioning
☐ Answers ques. readily	☐ Euphoric	☒ Seeks support
☒ Anxious	☐ Fearful	☐ Talkative
☐ Confident	☐ Homesick	☐ Trustful
☐ Critical	☐ Hypoactive	☐ Withdrawn
☒ Demanding	☐ Hyperactive	☐ Depressed
☐ Quick to comprehend	☒ Insecure	☒ Distrustful
☐ Slow to comprehend	☐ Lethargic	☐ Passive
☐ Unable to comprehend	☐ Questioning	☐ Secure

Additional Comments: _____

OBSERVED BEHAVIOR:

☐ Gets along well with staff	☐ Sexual advances to others
☐ Gets along with other residents	☐ Runs away from facility
☐ Part. in group activities	☐ Exhibitionism
☐ Appropriate sexual behavior	☐ Instigation
☐ Needs suprv. in comm. activities	☐ Mooching
☐ Yells or screams	☐ Negative attitude
☒ Verbally abusive	☐ Pilfering
☐ Combative	☐ Restlessness
☒ Belligerent	☐ Roaming
☐ Agitated	☒ Uncooperative
☐ Sarcastic	☐ Fabricates stories
☒ Touchy	☒ Nervous
☒ Threatening	☐ Inappropriate sexual behavior (explain) _____

Additional Comments: _____

PHYSICAL CONDITION:

SKIN

1. Texture	2. Turgor	3. Condition	4. Appears
☐ Normal	☐ Elastic & Full	☐ Good	☐ Obese
☒ Dry	☐ S/W Elastic & Full	☒ Bruises (specify) _____	☒ Normal Wt.
☐ Oily	☒ Loose & Hanging	☐ <u>legs</u> _____	☐ Thin
☐ Wrinkles		☐ Scratches (specify) _____	☐ Emaciated
☐ Smooth		☐ Red Areas _____	☐ Dehydrated

5. Problems:	Location	Size	Color	Location	Size	Color	Stage
☐ Bunions	_____	_____	_____	☐ Tumor	_____	_____	_____
☐ Corns	_____	_____	_____	☐ Decubitus*	_____	_____	_____
☐ Rash	_____	_____	_____	☐ Other	_____	_____	_____

*See decubitus sheet

Additional Comments: cradle cap on scalp

**See nurses admission sheet

CIRCULATION:

Skin Feels:

☒ Warm
☐ Cold
☐ Clammy
☐ Other:

Color:

☒ Pink
☐ Cyanotic
☐ Pale
☐ Other:

Chest Pain:

☒ None
☐ With exertion
☐ At Rest

☒ Varicose veins:

☐ Edema:

Pulse: R.Radial 75 : L.Radial 75 : R.Pedal — : L.Pedal ✓
Comments: _____

ENDOCRINE:

	Yes	No
Recent hypoglycemia	_____	☒
Recent hyperglycemia	_____	☒
Goiter	_____	☒
Recent weight change	_____	☒ *
Recent hair change <u>scalp</u>	☒	_____
Recent skin change	_____	☒
Other _____	_____	_____
Comments: <u>* sporadic eater</u>	_____	_____

RESPIRATORY:

	Yes	No
Hx. of Dyspnea	_____	☒
Hx. of Apenia	_____	☒
Congestion or cough	_____	☒
Cyanosis	_____	☒
Lungs clear	_____	☒
Chest deformity noted	_____	☒
Other _____	_____	_____
Comments: _____	_____	_____

G. I.:

	Yes	No
Nausea or vomiting	_____	☒
Abdominal pain	_____	☒
Abdomen soft	_____	☒
Destention present	_____	☒
hemorrhoid	_____	☒
Hiatal Hernia	_____	☒
Other _____	_____	_____
Comments: _____	_____	_____

REPRODUCTIVE:

	Yes	No
Inflamation or discharge	_____	☒
Known breast lumps	_____	☒
Prolapsed uterus	_____	☒
Other _____	_____	_____
Comments: _____	_____	_____

EYES:

	Yes	No
Vision good	☒	_____
Vision poor	_____	☒
Cataracts	_____	☒
Drainage	_____	☒
Lacerations	_____	☒
Glaucoma	_____	☒
Other _____	_____	_____
Comments: _____	_____	_____

EARS:

	Yes	No
Pain	_____	☒
Loss of hearing	☒	_____
Totally deaf	_____	☒
Drainage	_____	☒
Other _____	_____	_____
Comments: <u>hearing impairment due to nerve damage</u>	_____	_____

URINARY:

Color:

☒ Normal
☐ Concentrated
☐ Cloudy
☐ Sediment
☐ Blood

Incontinence:

☒ None
☐ Occasional
☐ Nights Only
☐ Totally

Pain:

☒ Never
☐ Occasional
☐ Frequent (specify) _____

Hx. of Urine retent.

Hx. of U.T.I.

Comments: _____

Diuretics

No

Candidate for retraining program if Incontinent

Yes ☐ No ☒

Catheter

Yes ☐ No ☒

of times per week laxative taken 2
How often do bowels move? every other day
History of Impactions no
Color of stools NORMAL
Consistency of stools NORMAL
Candidate for retraining Yes No ✓

[illegible]

<u> </u> Sleeps well	<u> </u> Naps thru day
<u> </u> Sleeps poorly	<u>✓</u> Awake at inapp.times
<u>✓</u> Short sleep periods	

☐ Never
☐ Occasional
☒ Regular

Preferred time to go to bed: 7pm

Special needs:

Comments:

Bath:	Combs Hair:	Shampoo:	Nails:	Shaves:	Dresses:
___ Self	☒ Self	___ Self	☒ Self	___ Self	☒ Self
___ c assist	___ c assist	☒ c assist	___ c assist	___ c assist	☒ c assist
☒ Staff	___ Staff	___ Staff	___ Staff	___ Staff	___ Staff
Condition of tongue:		Condition of teeth and oral hygiene:			
☒ Normal		☒ Satisfactory			
___ Coated		___ Unsatisfactory(specify) _____			
___ Dry		Dentist: _____			

Body Movement:	Muscle Strength:	Equilibrium:	Joints/Pain or Stiffness:
Active	Good	Good	✓None
Slowed	✓Fair	✓Fair	Some
✓Very Slowed	Poor	Poor	Severe, Joints affected

Ambulation:	Difficulty in getting:	Transfers:
☐ Steady	☐ OOB	☒ Alone
☒ Unsteady	☐ Out of Chair	☐ Sitting
☐ Unable to Move	☐ Off Toilet	☐ Standing
☐ Weakness		☐ With Assist
☐ Limited Movement		☐ Totally Dependent
☐ Shuffles		☐ Candidate for transfer
☐ Other		☐ training

Specify each of the following:

Paralysis:

Contractures:

Amputations:

Fractures:

Deformities:

MOBILITY AND RESTORATIVE NURSING: (Continued)

Special Positioning Needs: Needs Positioning In: Devices:

☐ Foot rests ☐ Bed ☐ Cane
☐ Pillows ☐ W/C ☐ W/C
☐ Sheep skin ☐ Other ☐ Other
☐ Air mattress
☐ Other

Weight Bearing: ☐ Non ☐ Partial ☒ Full
 Safety Devices: ☐ Posey vest ☐ Side rails ☐ Geri chair ☐ Other
 Hand Strength: Right ☐ Strong ☒ Med ☐ Weak Left ☐ Strong ☒ Med ☐ Weak
 Resident Is: ☐ Right handed ☒ Left handed

Comments: _____

DIETARY:

Eats: ☐ Well ☒ Needs Coaxing ☐ Inconsistent ☐ Patterns
 DIET Regular
 Needs: ☐ Tray setup ☐ Phy. assist ☒ Verbal cueing ☐ Fed by staff
 Problems: ☐ Eats to excess ☒ Refuses food - lunch ☐ Choking ☐ Difficult swallowing ☐ Difficult chewing ☐ Other
 Special Equip: ☐ Plate guards ☐ Spoon holder ☐ Lap board
 Table Manners: ☒ Adequate ☐ Not adequate (specify) _____
 Food/Fluids Likes/Dislikes

Eating Assignment Table 1 - main dining room

SOCIAL HISTORY:

☒ Prefers to be alone ☒ Wants to help others
☐ Enjoys group experiences ☐ Wants help from others
☐ Makes friends easily ☒ Doesn't get along with others
 Names, Addresses of Children: _____ Shows interest _____ Visits _____

Children deceased: 0 Number of Grandchildren: 8
 Reactions to losses, death of a loved one, moving or separation from family: _____

To whom does the individual relate the best? Gertie - daughter

Years of formal education: 8

Places traveled: Southwest U.S.

Member of clubs or organizations: DAR

Special likes or dislikes: _____

What kinds of pets did you have? horses

Are you registered to vote? ☒ Where? _____

Would you like to continue voting? yes

Have you done any volunteer work? yes

What is the best thing you do to relax? nothing

able to handle own money? yes

Needs and wants assistance handling money? no

Discharge potential Poor ☒ Fair Good

*See discharge plan - under misc. on pt. chart

ACTIVITY ASSESSMENT:

INTERESTS

ACTIVITIES

P = PRESENT

X = PAST

GROUP

INDIVIDUAL

P

X

yes

no

yes

no

Recreational

✓

✓

✓

Arts & Crafts

✓

✓

Exercises

Games

Hobbies

Intellectual

✓

✓

Educational

✓

✓

Music

Out of Facility

Special Programs

R. O.

Remotivation

Movies

Room/Visit Program

Cooking

Religious

Fishing

Television

Collecting

✓

Sports

Activities which individual no longer does but might be renewed with encouragement: craft projects

Any special skills or talents that you can share with the other residents? Yes ☒ No What?

What makes you laugh? funny stories

Is there anything that you would like us to know?

Types of activities recommended: (check all that apply)

☐ R.O.

☐ Sensory stimulation

☐ Remotivation

☐ Physical activity

☐ Entertainment/recreation

☐ Enhance adjustment to disability

☐ Group social interaction

☐ Improve mood

☒ Creative act./crafts

☒ Improve self-esteem

☐ Spiritual/religious

☐ Provide emotional expression

☒ Intellectual stimulation

☐ Develop/use leadership skills

☐ Outdoor programs

☐ Community outings

☐ Other(specify)

Activity program methods:

☒ 1:1 ☐ Small group (2-7)

☐ Large group (8 or more)

☐ Volunteer contact

INITIAL ASSESSMENT COMPLETED BY

DATE:

nurse

activity director

social service designee

ASSESSMENT REVIEWED

BY

ASSESSMENT REVIEWED

BY

ASSESSMENT REVIEWED

BY

ASSESSMENT REVIEWED

BY

PROBLEM LIST

1. verbally hostile
2. hearing impairment - withdrawn
3. confusion - losing ability to concentrate
4. cradle cap - scalp
5. refuses shower
6. refuses lunch
7. unsteady ambulation
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

Work Task Sheets

The Work Task Sheets are automatically generated from the Resident Care Plan which has been entered in the computer. These Work Task Sheets serve the following purposes:

- o provide each discipline with Resident Care Plan information including the approaches necessary to meet goals, the time and day the approaches are to be performed
- o provide a form to document approaches performed toward care plan goals and responses to the care plan

The following Work Task Sheets have been produced by the Resident Care Plans - Watson and Duncan. These are distributed to the appropriate disciplines identified at the top of the page. They become a permanent part of the resident record after use and provide the required documentation for Resident Care Plans.

TOTAL RESIDENT ASSESSMENT

RESIDENT: FRED WATSON NICKNAME: _____ DATE ADMISSION: 6-6-84
 RESPONSIBLE PARTY: _____ GUARDIAN _____ P.O.A. _____

GENERAL INFORMATION:

1. Adm. From: 2. Mode of Transfer 3. Allergies
☒ Hospital _____ Ambulance ☒ NKA
☐ Home ☒ Family car _____ Medication:
☐ E.C.F. _____ Walk _____ (Specify) _____
☐ Other (Specify) _____ W/C _____ ** see dietary (food)
 _____ Stretcher _____ Other _____

4. Items brought with resident

Dentures (___ U. ___ L.) _____ Hearing Aid _____ Other _____
☒ Glasses _____ Eye _____
☐ Prothesis _____ Ring _____

5. Medications Brought by Resident

Medication	# of Pills	Prescription #	Pharmacy
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MENTAL STATUS:

1. Alert to: 2. Disoriented to: 3. Confusion 4. Memory 5. Att. Span
☒ Time _____ Time ☒ Mild ☐ Recent ☐ Remote _____ Good
☒ Place _____ Place _____ Mod. ☐ Good ☐ Good ☒ Fair
☒ Person _____ Person _____ Severe ☒ Fair ☐ Fair _____ Poor
☒ Staff _____ Staff _____ Poor ☒ Poor

6. Is Able to:

Is Able to:	Yes	No	7. Has Communication Problem Due to:
Follow simple directions	☒	_____	_____ Aphasia
Follow complex directions	_____	☒	_____ Language (specify) _____
Write or print name	_____	☒	_____ Other _____
Read newspaper/books	☒	_____	Additional Comments: _____
Limited reading ability	☒	_____	_____
Comprehend when read to	☒	_____	_____

EMOTIONAL STATUS:

Interaction:	Expresses feelings of:	Speech:
Initiates conversation	_____ Interest	_____ Calm
☒ Speaks when spoken to	_____ Satisfaction	_____ Excited
☒ Answers ques. appro.	☒ Anxiety	_____ Demanding
Withdrawn	_____ Hostility	_____ Loud ☒ Soft
Other _____	_____ Other _____	_____ Stammering
		☒ Mumbles
		_____ Other _____

EMOTIONAL STATUS: (Continued)

Which word best describes this resident:

- | | | |
|--|---|---|
| ☐ Angry | ☒ Embarrassed | ☐ Non-questioning |
| ☐ Answers ques. readily | ☐ Euphoric | ☒ Seeks support |
| ☒ Anxious | ☒ Fearful | ☐ Talkative |
| ☐ Confident | ☐ Homesick | ☐ Trustful |
| ☐ Critical | ☐ Hypoactive | ☐ Withdrawn |
| ☐ Demanding | ☐ Hyperactive | ☐ Depressed |
| ☐ Quick to comprehend | ☒ Insecure | ☐ Distrustful |
| ☐ Slow to comprehend | ☐ Lethargic | ☐ Passive |
| ☐ Unable to comprehend | ☐ Questioning | ☐ Secure |

Additional Comments: _____

OBSERVED BEHAVIOR:

- | | |
|--|--|
| ☒ Gets along well with staff | ☐ Sexual advances to others |
| ☐ Gets along with other residents | ☐ Runs away from facility |
| ☐ Part. in group activities | ☐ Exhibitionism |
| ☐ Appropriate sexual behavior | ☐ Instigation |
| ☐ Needs suprv.in comm.activities | ☐ Mooching |
| ☐ Yells or screams | ☒ Negative attitude |
| ☐ Verbally abusive | ☐ Pilfering |
| ☐ Combative | ☐ Restlessness |
| ☐ Belligerent | ☐ Roaming |
| ☐ Agitated | ☒ Uncooperative |
| ☐ Sarcastic | ☐ Fabricates stories |
| ☒ Touchy | ☒ Nervous |
| ☐ Threatening | ☐ Inappropriate sexual behavior (explain) _____ |

Additional Comments: _____

PHYSICAL CONDITION:

Height 6" Weight 182

- | SKIN | | 3. Condition | 4. Appears |
|--|---|---|--|
| 1. Texture | 2. Turgor | | |
| ☒ Normal | ☐ Elastic & Full | ☒ Good | ☐ Obese |
| ☐ Dry | ☐ S/W Elastic & Full | ☐ Bruises(specify) _____ | ☐ Normal Wt. |
| ☐ Oily | ☒ Loose & Hanging | ☐ Scratches(specify) _____ | ☒ Thin |
| ☐ Wrinkles | | ☐ Red Areas _____ | ☐ Emaciated |
| ☐ Smooth | | | ☐ Dehydrated |

- | 5. Problems: | Location | Size | Color | Location | Size | Color | Stage |
|---|----------|-------|-------|-------------------------------------|-------|-------|-------|
| ☐ Bunions | _____ | _____ | _____ | ☐ Tumor | _____ | _____ | _____ |
| ☒ Corns | _____ | _____ | _____ | ☐ Decubitus* | _____ | _____ | _____ |
| ☐ Rash | _____ | _____ | _____ | ☐ Other | _____ | _____ | _____ |

*See decubitus sheet

Additional Comments: _____

**See nurses admission sheet

CIRCULATION:**Skin Feels:**

☐ Warm
☒ Cold
☐ Clammy
☐ Other:

Color:

☐ Pink
☐ Cyanotic
☒ Pale
☐ Other:

Chest Pain:

☒ None
☐ With exertion
☐ At Rest

Varicose veins:

☐ Edema:
Both feet

Pulse: R.Radial 82 : L.Radial 82 : R.Pedal unable to palpate : L.Pedal "

ENDOCRINE:

	Yes	No
Recent hypoglycemia	☐	☒
Recent hyperglycemia	☐	☒
Goiter	☐	☒
Recent weight change	☐	☒
Recent hair change	☐	☒
Recent skin change	☐	☒
Other	☐	☐
Comments:		

RESPIRATORY:

	Yes	No
Hx. of Dyspnea	☐	☒
Hx. of Apenia	☐	☒
Congestion or cough	☐	☒
Cyanosis	☐	☒
Lungs clear	☒	☐
Chest deformity noted	☐	☒
Other	☐	☐
Comments:		

G. I.:

	Yes	No
Nausea or vomiting	☐	☒
Abdominal pain	☐	☒
Abdomen soft	☐	☒
Distention present	☐	☒
Hemorrhoid	☐	☒
Hiatal Hernia	☐	☒
Other	☐	☐
Comments:		

REPRODUCTIVE:

	Yes	No
Inflammation or discharge	☐	☒
Known breast lumps	☐	☒
Prolapsed uterus	☐	☒
Other	☐	☐
Comments:		

EYES:

	Yes	No
Vision good	☐	☐
Vision poor	☒	☐
Cataracts	☐	☐
Drainage	☐	☐
Lacerations	☐	☐
Glaucoma	☐	☐
Other	☐	☐
Comments:		

*glasses***EARS:**

	Yes	No
Pain	☐	☒
Loss of hearing	☐	☒
Totally deaf	☐	☒
Drainage	☐	☒
Other	☐	☐
Comments:		

URINARY:

Color:	Incontinence:	Pain:	Hx.of Urine retent.
☐ Normal	☐ None	☒ Never	☐
☒ Concentrated	☐ Occasional	☐ Occasional	☐ Hx.of U.T.I.
☐ Cloudy	☒ Nights Only	☐ Frequent (specify)	
☐ Sediment	☐ Totally		
☐ Blood			
Diuretics <u>Lasix 20 mg. bid</u>			
Candidate for retraining program if Incontinent	☒ Yes	☐ No	
Catheter	☐ Yes	☒ No	
Comments:			

ELIMINATION:

of times per week laxative taken NONE
w often do bowels move? DAILY
History of Impactions NO
Color of stools NORMAL
Consistency of stools NORMAL
Candidate for retraining Yes No ✓

PAST SURGERY & HOSPITAL:**SLEEP:**

 Sleeps well ✓ Naps thru day
 Sleeps poorly Awake at inapp.times
✓ Short sleep periods

Use of Sleep Meds:

 Never
✓ Occasional
 Regular

Preferred time to go to bed: 8 pm

Special needs:

Comments:

PERSONAL HYGIENE:

Bath:	Combs Hair:	Shampoo:	Nails:	Shaves:	Dresses:
<u> </u> Self	<u> </u> Self	<u> </u> Self	<u> </u> Self	<u> </u> Self	<u> </u> Self
<u> </u> c assist	<u>✓</u> c assist	<u> </u> c assist	<u> </u> c assist	<u> </u> c assist	<u> </u> c assist
<u>✓</u> Staff	<u> </u> Staff	<u>✓</u> Staff	<u>✓</u> Staff	<u>✓</u> Staff	<u>✓</u> Staff
Condition of tongue:	Condition of teeth and oral hygiene:				
<u>✓</u> Normal	<u>✓</u> Satisfactory				
<u> </u> Coated	<u> </u> Unsatisfactory (specify) <u> </u>				
<u> </u> Dry	<u> </u> Dentist: <u> </u>				

MOBILITY AND RESTORATIVE NURSING:

Body Movement:	Muscle Strength:	Equilibrium:	Joints/Pain or Stiffness:
<u> </u> Active	<u> </u> Good	<u> </u> Good	<u> </u> None
<u>✓</u> Slowed	<u>✓</u> Fair	<u>✓</u> Fair	<u> </u> Some
<u> </u> Very Slowed	<u> </u> Poor	<u> </u> Poor	<u>✓</u> Severe, Joints affected
			<u>arthritis</u>

Ambulation:	Difficulty in getting:	Transfers:
<u> </u> Steady	<u>✓</u> OOB	<u> </u> Alone
<u>✓</u> Unsteady	<u>✓</u> Out of Chair	<u> </u> Sitting
<u> </u> Unable to Move	<u>✓</u> Off Toilet	<u> </u> Standing
<u> </u> Weakness		<u> </u> With Assist
<u> </u> Limited Movement		<u>✓</u> Totally Dependent
<u> </u> Shuffles		<u> </u> Candidate for transfer
<u> </u> Other <u> </u>		<u> </u> training

Specify each of the following:

Paralysis:

Contractures:

Amputations:

Fractures:

Deformities: joint deformities of hands due to arthritis

MOBILITY AND RESTORATIVE NURSING: (Continued)

Special Positioning Needs: Needs Positioning In: Devices:

Foot rests Bed Cane
 Pillows ✓W/C W/C
 Sheep skin Other Other
 Air mattress _____
 Other _____

Weight Bearing: Safety Devices: Hand Strength: Resident Is:
 Non Posey vest Right Left ✓Right handed
 Partial ✓Side rails Strong Strong Left handed
 Full Geriatric chair Med Med
Other ✓Weak ✓Weak

Comments: _____

DIETARY: DIET Low Na Date Ordered 7-26

Eats: Needs: Problems: Special Equip:
 Well ✓Tray setup Eats to excess Plate guards
 Needs Coaxing ✓Phy. assist Refuses food Spoon holder
 Inconsistent Verbal cueing Choking Lap board
 Patterns Fed by staff Difficult swallowing Other

Table Manners: Food/Fluids Likes/Dislikes

✓Adequate Dislikes Low Na diet
 Not adequate (specify) _____

ating Assignment Table 4

SOCIAL HISTORY:

✓Prefers to be alone Wants to help others
Enjoys group experiences Wants help from others
Makes friends easily Doesn't get along with others
 Names, Addresses of Children: Shows interest Visits

stepson - Conrad Grays

Children deceased: 0 Number of Grandchildren: 8
 Reactions to losses, death of a loved one, moving or separation from family: _____

To whom does the individual relate the best? stepson - B. Miller + J. Smith - residents

Years of formal education: 4th grade

Places traveled: Kentucky

Member of clubs or organizations: Mine Workers Assoc.

Special likes or dislikes: sports on TV

What kinds of pets did you have? none

Are you registered to vote? no Where? _____

Would you like to continue voting? no

Have you done any volunteer work? no

What is the best thing you do to relax? watch sports on TV

able to handle own money? yes

Needs and wants assistance handling money? no

Discharge potential Poor ✓ Fair Good

See discharge plan - under misc. on pt. chart

ACTIVITY ASSESSMENT:		P = PRESENT		X = PAST		GROUP		INDIVIDUAL	
INTERESTS	ACTIVITIES					yes	no	yes	no
	Recreational	✓		✓					
	Arts & Crafts								
	Exercises								
	Games								
	Hobbies								
	Intellectual	✓		✓					
	Educational	✓		✓					
	Music								
	Out of Facility								
	Special Programs								
	R. O.								
	Remotivation								
	Movies	✓		✓					
	Room/Visit Program								
	Cooking								
	Religious								
	Fishing								
	Television	✓		✓					
	Collecting								
	Sports	✓		✓					

activities which individual no longer does but might be renewed with encouragement: Singing

Any special skills or talents that you can share with the other residents? Yes ☒ No What?

What makes you laugh?

Is there anything that you would like us to know?

Types of activities recommended: (check all that apply)

☐ R.O.	☐ Sensory stimulation
☐ Remotivation	☐ Physical activity
☒ Entertainment/recreation	☐ Enhance adjustment to disability
☒ Group social interaction	☒ Improve mood
☐ Creative act./crafts	☒ Improve self-esteem
☐ Spiritual/religious	☐ Provide emotional expression
☒ Intellectual stimulation	☐ Develop/use leadership skills
☒ Outdoor programs	☐ Community outings
☐ Other(specify) <u></u>	

Activity program methods:

☐ 1:1 ☒ Small group (2-7) ☐ Large group (8 or more)

☒ Volunteer contact

INITIAL ASSESSMENT COMPLETED BY

DATE:

NURSE

ACTIVITY DIRECTOR

SOCIAL SERVICE DESIGNEE

ASSESSMENT REVIEWED _____ BY _____

ASSESSMENT REVIEWED _____ BY _____

ASSESSMENT REVIEWED _____ BY _____

ASSESSMENT REVIEWED _____ BY _____

PROBLEM LIST

1. refuses to bath
2. unable to dress
3. refuses group activities
4. sodium retention - edema
5. unable to transfer
6. incontinent of bladder at night
7. weight loss - 10 #
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

Resident Care Plan

This form is completed for each resident during a care planning session by resident care planning staff. Once it is completed manually, it is used as an input document for the care planning system. The resident care plan, when used as an input document, produces the following reports:

Resident Care Plan - Printed as Written
Work Task Sheets

The sample care plan form is followed by two manually prepared care plans under the names of: Fred Watson and Valerie Duncan.

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSE DISCIPLINE	DATE RESOLVED OR CHANGED

DATE	SIGNATURE	DATE	SIGNATURE	PATIENT IDENTIFICATION:
				NAME
				AGE
				DATE OF ADMISSION
				PHYSICIAN

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE PERSON	DATE RESOLVED OR CHANGED
6/4/86	Resident refuses to bathe, staff unable to determine why.	Will state reason for refusing baths by 7/1/86.	Meet with stepson to help identify possible reason for refusal to bathe. Talk with resident to identify bath time preference, the frequency with which he used to bathe, his need for privacy talking about how he feels about having help bathe him.	NURSING SS	
6/4/86	Resident unable to button shirt due to arthritis and inability to grasp small objects.	Will button shirt by 7/1/86.	Order button hook. Teach resident to use button hook by using hand over hand assist to button with button hook.	SS SS	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

NAME FRED WATSON

AGE 71

DATE OF ADMISSION 6/6/84

PERSONAL Muragappan

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
6/4/86	Refuses to attend group activities due to physical appearance (joint deformities).	Will meet with B. Miller & J. Smith for weekly ball games on TV by 7/1/86.	Discuss plan with resident. Acknowledge his concern about the deformity. Allow him to share his feelings. Assist resident to accept that the deformities will not be noticed because the gentlemen will be focusing on the game. Post game schedule in room. Provide unsalted popcorn and salt substitute for game viewing.	NURSING/ACT NURSING/ACT NURSING/ACT NURSING/ACT ACT DIETARY	

DATE	SIGNATURE	TIME	DATE	SIGNATURE	TIME	PATIENT IDENTIFICATION:
						NAME <u>FRED WATSON</u>
						AGE <u>71</u>
						DATE OF ADMISSION <u>6/6/84</u>
						PRESCRIPTION <u>Muragapran</u>

RESIDENT CARE PLAN

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE PERSONNEL	DATE RESOLVED OR CHANGED
6/4/86	Sodium retention resulting in 2+ pitting edema in feet.	Reduce pitting edema from 2+ to 1+ by 7/1/86.	Request physician for evaluation. Check edema daily including sacrum & dependent body parts and notify physician if edema increases or spreads. Check lungs for rales. Elevate feet when sitting in chair. Monitor low Na diet.	NURSING NURSING NURSING CNA CNA/DIETARY	
6/4/86	Resident unable to transfer due to physical limitations related to arthritis.	Will use adaptive chair to independently move from sitting to standing position by 7/1/86.	Evaluate for transfer training. Teach resident to use assists seat.	PT NURSING	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

PATIENT INFORMATION:

NAME FRED WATSON

AGE 71

DATE OF ADMISSION 6/6/84

PHYSICIAN Muragadon

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
6/4/86	Resident has been incontinent of bladder every night in last month.	Will decrease incidence of incontinence from 7 to 5x per week by 6/14/86.	Contact physician for evaluation of reason for incontinence. Change administration of diuretic from 3pm to 7am. Restrict fluids to 8oz after 7pm. Maintain urinary frequency record to determine when urination occurs. Recording to begin 6/4/86 and be completed 6/14/86. Evaluate for bladder retraining program 6/14/86 using above info.	NURSING NURSING CNA CNA NURSING	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

NAME FRED WATSON

AGE 71

DATE OF ADMISSION 6/4/84

PRESCRIPTION Muragaplan

RESIDENT CARE PLAN

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
6/4/86	Losing weight (10# in last month) because he doesn't like low sodium food. Currently weighs 182.	Will stabilize weight between 180 and 186 by 7/1/86.	Obtain order for salt substitute. Identify food preferences especially those low in sodium. Design dietary plan to ensure caloric intake adequate to maintain weight with parameters. Provide resident with list of substitute seasoning to use on food by 6/10/86. Weigh weekly and report to physician with weight greater than 186 or less than 180.	NURSING DIETARY DIETARY DIETARY CNA/NURSING	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

NAME FRED WATSON

AGE 71

DATE OF ADMISSION 6/6/84

PHYSICIAN Muragappan

Resident's Care Plan

Name: WATSON, FRED NHI.
Resident No.: 00011
Room-Rod: 1016
Birthday: 29-JAN-1915
Admitting Date: 06-JUN-1984
RELIGION:

Doctor: DR. MURAGAFFAN
C.F. Review Date: 16-APR-1986
Discharge Potential: FAIR
LEVEL OF CARE: ICF
NEXT DOCTOR VISIT DUE:

Primary Diag.: RHEUMATOID ARTHRITIS
Diagnosis B: ARTERIOSCLEROTIC HEART DISEASE
Diagnosis C:

Diagnosis D:

Date	Diagnosis	Problem/Need	Goal	Approach
5/04/86	N/A	Resident refuses to bathe, staff unable to determine why.	Will state reason for refusing baths by 07/01/86.	Meet with stepson to help identify possible reason for refusal to bathe. N/A N/A
5/24/86	N/A			Talk with resident to identify bath time preference, the frequency with which he used to bathe, his need for privacy talking about how he feels about having help bathe him. N/A N/A
6/24/86	Primary	Resident unable to button shirt due to arthritis and inability to grasp small objects.	Will button shirt by 07/01/86.	Order button hook. N/A N/A
7/04/86	N/A			Teach resident to use button hook by using hand over hand assist to button with button hook. N/A N/A
8/04/86	Primary	Resident unable to transfer due to physical limitations related to arthritis.	Will use adaptive chair to independently move from sitting to standing position by 07/01/86.	Evaluate for transfer training. N/A N/A
8/24/86	Primary			Teach resident to use assists seat. N/A N/A
9/24/86	N/A	Resident has been incontinent of bladder every night in last month.	Will decrease incidence of incontinence from 7 to 5 times per week by 06/14/86.	Contact physician for evaluation of reason for incontinence. N/A N/A

06/04/86

Life Care Center of Benton

Page: 2

Resident's Care Plan

Name: WATSON, FRED NMI.

Doctor: DR. MURAGAPPAN

Resident No.: 00011

C.P. Review Date: 16-APR-1986

Primary Diag.: RHEUMATOID ARTHRITIS

Diagnosis D:

Diagnosis B: ARTERIOSCLEROTIC HEART DISEASE

Diagnosis C:

Date	Diagnosis	Problem/Need	Goal	Approach
06/04/86	N/A	Resident has been incontinent of bladder every night in last month.	Will decrease incidence of incontinence from 7 to 5 times per week by 06/14/86.	Change administration of diuretic from 3pm to 7am.
06/04/86	N/A			Restrict fluids to 8oz after 7pm.
06/04/86	N/A			Maintain urinary frequency record to determine when urination occurs.
06/04/86	N/A			Recording to begin 06/04/86 and be completed 06/14/86.
06/04/86	N/A			Evaluate for bladder retraining program 06/14/86 using above info.
06/04/86	Primary	Refuses to attend group activities due to physical appearance (joint deformities).	Will meet with B. Miller & J. Smith for weekly ballgames on TV by 07/01/86.	Discuss plan with resident.
06/04/86	Primary			Acknowledge his concern about the deformity.
06/04/86	Primary			Allow him to share his feelings.
06/04/86	Primary			Assist resident to accept that the deformities will not be noticed because the gentlemen will be focusing on the game.

Resident's Care Plan

Name: WATSON, FRED NHI.

Doctor: DR. MURAGAFFAN

Resident No.: 00011

C.P. Review Date: 16-APR-1986

Primary Diag.: RHEUMATOID ARTHRITIS

Diagnosis D:

Diagnosis B: ARTERIOSCLEROTIC HEART DISEASE

Diagnosis C:

Date	Diagnosis	Problem/Need	Goal	Approach
05/04/86	Primary	Refuses to attend group activities due to physical appearance (joint deformities).	Will meet with B. Miller & J. Smith for weekly ballgames on TV by 07/01/86.	Assist resident to accept that the deformities will not be noticed because the gentlemen will be focusing on the game.
06/04/86	Primary			Post game schedule in room.
06/04/86	Primary			Provide unsalted popcorn and salt substitute for game viewing.
06/04/86	Diag. B	Sodium retention resulting in 2+ pitting edema in feet.	Reduce pitting edema from 2+ to 1+ by 07/01/86.	Request physician for evaluation.
06/04/86	Diag. B			Check edema daily including sacrum and dependent body parts and notify physician if edema increases or spreads.
06/04/86	Diag. B			Check lungs for rales.
06/04/86	Diag. B			Elevate feet when sitting in chair.
06/04/86	Diag. B			Monitor low NA diet.
06/04/86	N/A	Losing weight (10 pounds in last month) because he doesn't like low sodium food. Currently weighs 182.	Will stabilize weight between 180 and 186 by 07/01/86.	Obtain order for salt substitute.
06/04/86	N/A			Identify food preferences especially those low in sodium.

06/04/86

Life Care Center of Benton

Page: 4

Resident's Care Plan

Name: WATSON, FRED NMI.

Doctor: DR. MURAGAFFAN

Resident No.: 00011

C.P. Review Date: 16-APR-1986

Primary Diag.: RHEUMATOID ARTHRITIS

Diagnosis D:

Diagnosis E: ARTERIOSCLEROTIC HEART DISEASE

Diagnosis C:

Date	Diagnosis	Problem/Need	Goal	Approach
05/04/86	N/A	Losing weight (10 pounds in last month) because he doesn't like low sodium food. Currently weighs 182.	Will stabilize weight between 180 and 186 by 07/01/86.	Design dietary plan to ensure caloric intake adequate to maintain weight with parameters.
05/24/86	N/A			Provide resident with list of substitute seasoning to use on food by 06/10/86.
06/04/86	N/A			Weigh weekly and report to physician with weight greater than 186 or less than 180.

Signature Block

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Signed _____	Dept: _____	Signed _____	Dept: _____

DATE: 8/30/84

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE PERSONNEL	DATE RESOLVED OR CHANGED
			attentive to what she says. Speak slowly and directly to resident using direct eye contact. Touch before speaking. Reduce outside stimuli by reducing noise level in room.	CNA	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

NAME Valerie Duncan
AGE 68
DATE OF ADMISSION 8/30/84
PRESCRIPTION Bledia

DATE: 6/30/84

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
6/4/86	Cradle cap on scalp due to skin condition.	Will have healthy scalp by 7/30/86.	Order zeetar shampoo. Shampoo hair 2x weekly with zeetar shampoo. Contact physician for re-evaluation.	NURSING CNA NURSING	
6/4/86	Does not like to shower. Staff unable to determine why.	Will state reason for not liking to shower by 7/1/86.	Identify possible reason for refusal to bathe. Talk with resident to identify bath time preference, the frequency with which she used to bathe, her need for privacy.	NURSING NURSING	

DATE	SIGNATURE	DATE	SIGNATURE

NAME Valerie Duncan

AGE 68

DATE OF ADMISSION 8/30/84

PRESCRIPTION Bledig

RESIDENT CARE PLAN

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
6/4/86	At risk of weight loss. Refuses to eat lunch. Staff unable to determine why.	Resident will state why she is refusing to eat by 6/20/86. Will maintain weight between 130 and 135 by 7/1/86.	Assess likes and dislikes. Serve supplement if lunch not eaten. Monitor weight every week-report any weight loss of greater than 2 lbs to physician. Contact Mrs. Jones, only outside contact, to explain possible reasons for not eating.	DIETARY NURSING DIETARY	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

PATIENT IDENTIFICATION:

NAME Valerie Duncan

AGE 68

DATE OF ADMISSION 8/30/84

PHYSICIAN Bledig

RESIDENT CARE PLAN

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
6/4/86	Unsteady ambulation resulting in frequent falls.	Will ambulate without falling by 7/1/86.	Contact physician for PT evaluation, assist resident to establish balance on feet when starting to ambulate. Remove barriers in room which may be unsafe.	NURSING	
			Will do evaluation for gait training program.	PT	
6/4/86	Short term memory loss related to disease process resulting in non-participation in activities. Wants to help others.	Will state activities which she would like to help with by 7/1/86.	Will discuss possible activities that she's interested in helping with.	ACT	
			Identify what her role would be.	ACT	
			Consult family on past interests.	NURSING	
			Family conference on goals for activities.	NURSING/ACT	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE
PATIENT INFORMATION:					
NAME		Valerie Duncan			
AGE		68			
DATE OF ADMISSION		8/30/84			
PROFESSION		Dietician			

RESIDENT CARE PLAN

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE PERSONNEL	DATE RESOLVED OR CHANGED
6/4/86	Unsteady ambulation resulting in frequent falls.	Will ambulate without falling by 7/1/86.	Contact physician for PT evaluation, assist resident to establish balance on feet when starting to ambulate. Remove barriers in room which may be unsafe. Will do evaluation for gait training program.	NURSING	
6/4/86	Short term memory loss related to disease process resulting in non-participation in activities. Wants to help others.	Will state activities which she would like to help with by 7/1/86.	Will discuss possible activities that she's interested in helping with. Identify what her role would be. Consult family on past interests. Family conference on goals for activities.	PT ACT ACT NURSING NURSING/ACT	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

PATIENT IDENTIFICATION:

NAME Valerie Duncan

AGE 68

DATE OF ADMISSION 8/30/84

PROFESSION Bledig

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE PERSONNEL	DATE RESOLVED OR CHANGED
6/4/86	Unable to find room.	Will find room without assistance 5 of 7 days per week by 7/1/86.	Discuss with resident a sign to help remember room. Will display special sign on resident's room. Congratulate with a pat on shoulder when she finds her room.	NURSING SS ALL STAFF	

NAME	Valerie Duncan
AGE	69
DATE OF ADMISSION	8/30/84
PRESCRIPTION	Bledia

Date	Diagnosis	Problem/Need	Goal	Approach
04/86	N/A	Does not like to shower. Staff unable to determine why.	Will state reason for not liking to shower by 07/01/86.	Identify possible reason for refusal to bathe. Nursing
04/86	N/A			Talk with resident to identify bath time preference, the frequency with which she used to bathe, her need for privacy. Nursing
04/86	N/A	At risk of weight loss refused to eat lunch. Staff unable to determine why.	Resident will state why she is refusing to eat by 06/20/86.	Assess likes and dislikes. Serve supplement if lunch not eaten. Dietician
04/86	N/A			Contact Mrs. Jones, only outside contact, to explain possible reasons for not eating. Dietician
04/86	N/A		Will maintain weight between 130 and 135 by 07/01/86.	Monitor weight every week-report any weight loss of greater than two pounds to physician. Nursing
04/86	Primary	Unsteady ambulation resulting in frequent falls.	Will ambulate without falling by 07/01/86.	Contact physician for PT evaluation, assist resident to establish balance on feet when starting to ambulate. Remove barriers in room which may be unsafe. Nursing
04/86	Primary			Will do evaluation for gait training program. Physical Therapist
04/86	N/A	Verbally hostile towards residents, employees and visitors. Staff unable to determine why.	Will agree to meet with psych- ologist to explore reason for hostility by 07/01/86.	Notify physician of behavior for a referral to psychologist. Nursing

06/04/86

Life Care Center of Benton

Page: 2

Resident's Care Plan

Name: DUNCAN, VALARIE MM1.

!! Doctor: DR. RLEDIG

sident No.1 00007

!! C.P. Review Date: 30-APR-1986

Primary Diag.: CEREBRAL DEGENERATION

Diagnosis D:

Diagnosis B:

Diagnosis C:

Date	Diagnosis	Problem/Need	Goal	Approach
04/86	N/A	Verbally hostile towards residents, employees and visitors. Staff unable to determine why.	Will agree to meet with psychologist to explore reason for hostility by 07/01/86.	Upon completion of psychologist's evaluation, staff will meet to discuss development of plan. Nursing
04/86	N/A	Avoids staff and visitors because she cannot hear.	Will accept 1:1 contact by staff 15 mins. per day by 07/30/86.	Provide 1:1-after AM care completed sit with resident for 15 minutes. During this time try holding her hand, tell her about a current event, ask about her plans for the day. Nursing
04/86	N/A			Ask her to tell you about the picture in her room. Be interested and attentive to what she says. Nursing
04/86	N/A			Speak slowly and directly to resident using direct eye contact. Touch before speaking. Reduce outside stimuli by reducing noise level in room. Nurses Aid
04/86	Primary	Has short term memory loss related to disease process that causes her to miss activities. Wants to help others.	Will state activities which she would like to help with by 07/01/86.	Will discuss possible activities that she's interested in helping with. Activities Director
04/86	Primary			Identify what her role would be. Activities Director
04/86	Primary			Consult family on past interests. Nursing
04/86	Primary			Family conference on goals for activities. Activities Director

06/04/86

Life Care Center of Benton

Page: 3

Resident's Care Plan

Name: DUNCAN, VALARIE NMI.

!! Doctor: DR. BLEDIG

Resident No.: 00007

!! C.P. Review Date: 30-APR-1986

Primary Diag.: CEREBRAL DEGENERATION

Diagnosis D:

Diagnosis B:

Diagnosis C:

Date	Diagnosis	Problem/Need	Goal	Approach
5/04/86	Primary	Has short term memory loss related to disease process that causes her to miss activities. Wants to help others.	Will state activities which she would like to help with by 07/01/86.	Family conference on goals for activities. Nursing
5/04/86	Primary	Unable to find room.	Will find room without assistance 5 of 7 days per week by 07/01/86.	Discuss with resident a sign to help remember room. Nursing
5/04/86	Primary			Will display special sign on resident's room. Social Services
5/04/86	Primary			Congratulate with a pat on the shoulder when she finds her room. All Staff
6/04/86	N/A	Cradle cap on scalp due to skin condition.	Will have healthy scalp by 07/30/86.	Order zeetar shampoo. Nursing
6/04/86	N/A			Shampoo hair 2X weekly with zeetar shampoo. Nurses Aid
6/04/86	N/A			Contact physician for re-evaluation. Nursing

Signature Block

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Activities Director Assignment Sheet for entire facility									
Need	Goal	M	T	W	T	F	S	S	
Task or Approach	Shift	4	5	6	7	8	9	10	
Resident: DUNCAN, VALARIE NMI. Resident Number: 00007 Room-Bed: 1023									
(A) Has short term memory loss related to disease process that causes her to miss activities. Wants to help others.	Days								
(G) Will state activities which she would like to help with by 07/01/86.	Evenings								
(A) Will discuss possible activities that she's interested in helping with.	Nights								
Comments:									
(A) Identify what her role would be.	Days								
Comments:	Evenings								
	Nights								
(A) Family conference on goals for activities.	Days								
Comments:	Evenings								
	Nights								
Resident: WATSON, FRED NMI. Resident Number: 00008 Room-Bed: 1016									
(A) Refuses to attend group activities due to physical appearance (joint deformities).	Days								
(G) Will meet with B. Miller & J. Smith for weekly ballgames on TV by 07/01/86.	Evenings								
(A) Discuss plan with resident.	Nights								
Comments:									
(A) Acknowledge his concern about the deformity.	Days								
Comments:	Evenings								
	Nights								
(A) Allow him to share his feelings.	Days								
Comments:	Evenings								
	Nights								

M T W T F S S

4 5 6 7 8 9 10

Nights

Nights

Signed	Init.		Signed	Init.	
Signed	Init.		Signed	Init.	
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Signed	Init.		Signed	Init.	

All Staff Assignment Sheet for entire facility

Need

Goal

M T W T F S S

Task or Approach

Shift

4 5 6 7 8 9 10

Resident: DUNCAN, VALARIE NMI. Resident Number: 00007 Room-Bed: 1023

V) Unable to find room.

Days

1 1 1 1 1 1 1 1 1 1

(G) Will find room without assistance 5 of 7 days per week by

07/01/86.

Evenings

1 1 1 1 1 1 1 1 1 1

(A) Congratulate with a pat on the shoulder when she finds her room.

Nights

Comments:

Signature Block

11 Signed _____	Init. _____	11 Signed _____	Init. _____	11
11 Signed _____	Init. _____	11 Signed _____	Init. _____	11
11 Signed _____	Init. _____	11 Signed _____	Init. _____	11
11 Signed _____	Init. _____	11 Signed _____	Init. _____	11
11 Signed _____	Init. _____	11 Signed _____	Init. _____	11

06/04/86

Life Care Center of Benton

Page: 1

Nurses Aid Assignment Sheet for entire facility

Need

Goal

Task or Approach

Shift

M	T	W	T	F	S	S
4	5	6	7	8	9	10

Resident: DUNCAN, VALARIE NMI. Resident Number: 00007 Room-Bed: 1023

N) Avoids staff and visitors because she cannot hear.

Days 1 1 1 1 1 1 1 1 1 1

(G) Will accept 1:1 contact by staff 15 mins. per day by 07/30/86.

Evenings 1 1 1 1 1 1 1 1 1 1

=>(A) Speak slowly and directly to resident using direct eye contact. Touch before speaking. Reduce outside stimuli by reducing noise level in room.

Nights

Comments:

N) Cradle cap on scalp due to skin condition.

Days 1 1 1 1 1 1 1 1 1 1

(G) Will have healthy scalp by 07/30/86.

=>(A) Shampoo hair 2X weekly with zeetar shampoo.

Evenings

Comments:

Nights

Resident: WATSON, FRED NMI. Resident Number: 00008 Room-Bed: 1016

N) Resident has been incontinent of bladder every night in last month.

Days

(G) Will decrease incidence of incontinence from 7 to 5 times per week by 06/14/86.

Evenings 1 1 1 1 1 1 1 1 1 1

=>(A) Restrict fluids to 8oz after 7pm.

Nights 1 1 1 1 1 1 1 1 1 1

Comments:

=>(A) Maintain urinary frequency record to determine when urination occurs.

Days

Comments:

Evenings

Nights 1 1 1 1 1 1 1 1 1 1

=>(A) Recording to begin 06/04/86 and be completed 06/14/86.

Days

Comments:

Evenings

Nights 1 1 1 1 1 1 1 1 1 1

N) Sodium retention resulting in 2+ pitting edema in feet.

Days 1 1 1 1 1 1 1 1 1 1

(G) Reduce pitting edema from 2+ to 1+ by 07/01/86.

Evenings 1 1 1 1 1 1 1 1 1 1

(A) Elevate feet when sitting in chair.

Nights

Comments:

06/04/86

Life Care Center of Benton

Page: 2

Nurses Aid Assignment Sheet for entire facility

Need

Goal

Task or Approach

Shift

M	T	W	T	F	S	S
4	5	6	7	8	9	10

>(A) Monitor low NA diet.

Days

Comments:

Evenings

Nights

(4) Losing weight (10 pounds in last month) because he doesn't like low sodium food. Currently weighs 182.

Days

(6) Will stabilize weight between 180 and 186 by 07/01/86.

Evenings

>(A) Weigh weekly and report to physician with weight greater than 186 or less than 180.

Nights

Comments:

Signature Block

Signed	Init.	Signed	Init.
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Signed	Init.	Signed	Init.

Dietician Assignment Sheet for entire facility

Need	Goal	M	T	W	T	F	S	S
Task or Approach	Shift	4	5	6	7	8	9	10
Resident: DUNCAN, VALARIE NM1. Resident Number: 00007 Room-Bed: 1023								
(A) At risk of weight loss refused to eat lunch. Staff unable to determine why.	Days	1	1	1	1	1	1	1
(G) Resident will state why she is refusing to eat by 06/20/86.	Evenings							
=>(A) Assess likes and dislikes. Serve supplement if lunch not eaten.	Nights							
Comments:								
Resident: WATSON, FRED NM1. Resident Number: 00008 Room-Bed: 1016								
(A) Refuses to attend group activities due to physical appearance (joint deformities).	Days							
(G) Will meet with B. Miller & J. Smith for weekly ballgames on TV by 07/01/86.	Evenings							
=>(A) Provide unsalted popcorn and salt substitute for game viewing.	Nights							
Comments:								
Resident: WATSON, FRED NM1. Resident Number: 00008 Room-Bed: 1016								
(A) Sodium retention resulting in 2+ pitting edema in feet.	Days	1	1	1	1	1	1	1
(G) Reduce pitting edema from 2+ to 1+ by 07/01/86.	Evenings	1	1	1	1	1	1	1
=>(A) Monitor low NA diet.	Nights							
Comments:								
Resident: WATSON, FRED NM1. Resident Number: 00008 Room-Bed: 1016								
(A) Losing weight (10 pounds in last month) because he doesn't like low sodium food. Currently weighs 182.	Days							
(G) Will stabilize weight between 180 and 186 by 07/01/86.	Evenings							
=>(A) Identify food preferences especially those low in sodium.	Nights							
Comments:								
Resident: WATSON, FRED NM1. Resident Number: 00008 Room-Bed: 1016								
=>(A) Design dietary plan to ensure caloric intake adequate to maintain weight with parameters.	Days							
Comments:	Evenings							
	Nights							

06/04/86

Life Care Center of Benton

Page: 2

Dietician Assignment Sheet for entire facility

Need	Goal	M	T	W	T	F	S	S
Task or Approach	Shift	4	5	6	7	8	9	10
(A) Provide resident with list of substitute seasoning to use on food by 06/10/86.	Days							
ments:	Evenings							
	Nights							

Signature Block			
Signed	Init.	Signed	Init.
Signed	Init.	Signed	Init.
Signed	Init.	Signed	Init.
Signed	Init.	Signed	Init.
Signed	Init.	Signed	Init.

Nursing Assignment Sheet for entire facility

Need	Goal	M	T	W	T	F	S	S
Task or Approach	Shift	4	5	6	7	8	9	10
Resident: DUNCAN, VALARIE NMI. Resident Number: 00007 Room-Bed: 1023								
(N) Does not like to shower. Staff unable to determine why.	Days							
(G) Will state reason for not liking to shower by 07/01/86.								
=>(A) Identify possible reason for refusal to bathe.	Evenings							
Comments:	Nights							
=>(A) Talk with resident to identify bath time preference, the frequency with which she used to bathe, her need for privacy.	Days							
Comments:	Evenings							
	Nights							
(N) At risk of weight loss refused to eat lunch. Staff unable to determine why.	Days			1				
(G) Will maintain weight between 130 and 135 by 07/01/86.	Evenings							
=>(A) Monitor weight every week-report any weight loss of greater than two pounds to physician.	Nights							
Comments:								
(N) Ready ambulation resulting in frequent falls.	Days	1	1	1	1	1	1	1
(G) Will ambulate without falling by 07/01/86.								
=>(A) Contact physician for PT evaluation, assist resident to establish balance on feet when starting to ambulate.	Evenings	1	1	1	1	1	1	1
Remove barriers in room which may be unsafe.	Nights							
Comments:								
(N) Verbally hostile towards residents, employees and visitors. Staff unable to determine why.	Days	1						
(G) Will agree to meet with psychologist to explore reason for hostility by 07/01/86.	Evenings							
=>(A) Notify physician of behavior for a referral to psychologist.	Nights							
Comments:								
=>(A) Upon completion of psychologist's evaluation, staff will meet to discuss development of plan.	Days							
Comments:	Evenings							
	Nights							

Nights

06/04/86

Life Care Center of Benton

Page: 3

Nursing Assignment Sheet for entire facility

Need

Goal

Task or Approach

Shift

M	T	W	T	F	S	S
4	5	6	7	8	9	10

Days

Evenings

Nights

Resident: WATSON, FRED NMI. Resident Number: 00008 Room-Bed: 1016

(N)Resident refuses to bathe, staff unable to determine why.

Days

(G)Will state reason for refusing baths by 07/01/86.

=>(A) Meet with stepson to help identify possible reason for refusal to bathe.

Evenings

Comments:

Nights

=>(A) Talk with resident to identify bath time preference, the frequency with which he used to bathe, his need for privacy talking about how he feels about having help bathe him.

Days

Evenings

Comments:

Nights

(N)Resident unable to transfer due to physical limitations related to arthritis.

Days

(G)Will use adaptive chair to independently move from sitting to standing position by 07/01/86.

Evenings

=>(A) Teach resident to use assists seat.

Nights

Comments:

(N)Resident has been incontinent of bladder every night in last month.

Days

(G)Will decrease incidence of incontinence from 7 to 5 times per week by 06/14/86.

Evenings

=>(A) Contact physician for evaluation of reason for incontinence.

Nights

Comments:

=>(A) Change administration of diuretic from 3pm to 7am.

Days

Comments:

Evenings

Nights

06/04/86

Life Care Center of Benton

Page: 4

Nursing Assignment Sheet for entire facility

Need

Goal

Task or Approach

Shift

M	T	W	T	F	S	S
4	5	6	7	8	9	10

==>(A) Evaluate for bladder retraining program 06/14/86 using above info.

Comments:

Days

Evenings

Nights

(N)Refuses to attend group activities due to physical appearance (joint deformities).

(6)Will meet with B. Miller & J. Smith for weekly ballgames on IV by 07/01/86.

==>(A) Discuss plan with resident.

Comments:

Days

Evenings

Nights

==>(A) Acknowledge his concern about the deformity.

Comments:

Days

Evenings

Nights

==>(A) Allow him to share his feelings.

Comments:

Days

Evenings

Nights

==>(A) Assist resident to accept that the deformities will not be noticed because the gentlemen will be focusing on the game.

Comments:

Days

Evenings

Nights

(N)Sodium retention resulting in 2+ pitting edema in feet.

(6)Reduce pitting edema from 2+ to 1+ by 07/01/86.

==>(A) Request physician for evaluation.

Comments:

Days

Evenings

Nights

==>(A) Check edema daily including sacrum and dependent body parts and notify physician if edema increases or spreads.

Comments:

Days

Evenings

Nights

06/04/86

Life Care Center of Benton

Page: 5

Nursing Assignment Sheet for entire facility

Need

Goal

Task or Approach

Shift

M	T	W	T	F	S	S
4	5	6	7	8	9	10

=>(A) Check lungs for rales.

Days 1 _ 1 _ 1 _ 1 _ 1 _ 1 _ 1 _ 1 _

Comments:

Evenings

Nights

(N) Losing weight (10 pounds in last month) because he doesn't like low sodium food. Currently weighs 182.

Days

(G) Will stabilize weight between 180 and 186 by 07/01/86.

Evenings

=>(A) Obtain order for salt substitute.

Nights

Comments:

=>(A) Weigh weekly and report to physician with weight greater than 186 or less than 180.

Days 1 _ 1

Evenings

Nights

Signature Block

Signed _____	Init. _____	Signed _____	Init. _____
Signed _____	Init. _____	Signed _____	Init. _____
Signed _____	Init. _____	Signed _____	Init. _____
Signed _____	Init. _____	Signed _____	Init. _____
Signed _____	Init. _____	Signed _____	Init. _____

06/04/86

Life Care Center of Benton

Page: 1

Physical Therapist Assignment Sheet for entire facility

Need	Goal	M	T	W	T	F	S	S
Task or Approach	Shift	4	5	6	7	8	9	10

Resident: DUNCAN, VALARIE NMI. Resident Number: 00007 Room-Bed: 1023

N) Unsteady ambulation resulting in frequent falls.

Days

(G) Will ambulate without falling by 07/01/86.

=>(A) Will do evaluation for gait training program.

Evenings

omments:

Nights

Resident: WATSON, FRED NMI. Resident Number: 00008 Room-Bed: 1016

N) Resident unable to transfer due to physical limitations related to arthritis.

Days

(G) Will use adaptive chair to independently move from sitting to standing position by 07/01/86.

Evenings

=>(A) Evaluate for transfer training.

Nights

omments:

Signature Block			
Signed	Init.	Signed	Init.
Signed	Init.	Signed	Init.
Signed	Init.	Signed	Init.
Signed	Init.	Signed	Init.
Signed	Init.	Signed	Init.

06/04/86

Life Care Center of Benton

Page: 1

Social Services Assignment Sheet for entire facility

Need

Goal

M T W T F S S

Task or Approach

Shift

4 5 6 7 8 9 10

Resident: DUNCAN, VALARIE NMI. Resident Number: 00007 Room-Bed: 1023

(N)Unable to find room.

Days 1 _ 1 _ 1 _ 1 _ 1 _ 1 _ 1 _

(G)Will find room without assistance 5 of 7 days per week by 07/01/86.

Evenings 1 _ 1 _ 1 _ 1 _ 1 _ 1 _ 1 _

=>(A) Will display special sign on resident's room.

Nights

Comments:

Resident: WATSON, FRED NMI. Resident Number: 00008 Room-Bed: 1016

(N)Resident refuses to bathe, staff unable to determine why.

Days

(G)Will state reason for refusing baths by 07/01/86.

Evenings

=>(A) Meet with stepson to help identify possible reason for refusal to bathe.

Nights

Comments:

(N)Resident unable to button shirt due to arthritis and inability to grasp small objects.

Days

(G)Will button shirt by 07/01/86.

Evenings

=>(A) Order button hook.

Nights

Comments:

=>(A) Teach resident to use button hook by using hand over hand assist to button with button hook.

Days 1 _ 1 _ 1 _ 1 _ 1 _ 1 _

Evenings

Comments:

Nights

Signature Block

Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	

Resident Care Plan Revisions

This report demonstrates the process of revising the resident care plan based on changes in the resident's condition. Because the care planning system allows a resident care plan to be revised quickly and easily, resident care plans will be revised more often than the required time frame of every 90 days. It is anticipated that the care plans will be revised every 14 days.

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
6/4/86	Resident refuses to bathe, staff unable to determine why.	Will state reason for refusing baths by 7/1/86.	Meet with stepson to help identify possible reason for refusal to bathe. Talk with resident to identify bath time preference, the frequency with which he used to bathe, his need for privacy talking about how he feels about having help bathe him.	NURSING SS	
6/4/86	Resident unable to button shirt due to arthritis and inability to grasp small objects.	Will button shirt by 7/1/86.	Order button hook. Teach resident to use button hook by using hand over hand assist to button with button hook.	SS SS	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

PATIENT IDENTIFICATION:

NAME FRED WATSON

AGE 71

DATE OF ADMISSION 6/6/84

PRESCRIPTION Murugappan

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
6/4/86	Refuses to attend group activities due to physical appearance (joint deformities).	Will meet with B. Miller & J. Smith for weekly ball games on TV by 7/1/86.	Discuss plan with resident. Acknowledge his concern about the deformity. Allow him to share his feelings. Assist resident to accept that the deformities will not be noticed because the gentlemen will be focusing on the game. Post game schedule in room. Provide unsalted popcorn and salt substitute for game viewing.	NURSING/ACT NURSING/ACT NURSING/ACT NURSING/ACT ACT DIETARY	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE
				PATIENT INFORMATION:			
				NAME <u>FRED WATSON</u>			
				AGE <u>71</u>			
				DATE OF ADMISSION <u>6/6/84</u>			
				NURSEMAN <u>Muragapan</u>			

DATE	PROBLEM (Need)	GOALS	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
6/4/86	Sodium retention resulting in 2+ pitting edema in feet.	Reduce pitting edema from 2+ to 1+ by 7/1/86.	Request physician for evaluation. Check edema daily including sacrum & dependent body parts and notify physician if edema increases or spreads. Check lungs for rales. Elevate feet when sitting in chair. Monitor low Na diet.	NURSING	7/1/86
7/1/86		Reduce pitting edema from 1+ to 0 by 8/1/86.		NURSING	
6/4/86	Resident unable to transfer due to physical limitations related to arthritis.	Will use adaptive chair to independently move from sitting to standing position by 7/1/86.	Evaluate for transfer training. Teach resident to use assists seat.	PT NURSING	7/1/86

DATE	SIGNATURE	DATE	SIGNATURE	PATIENT IDENTIFICATION:
				NAME <u>FRED WATSON</u>
				AGE <u>71</u>
				DATE OF ADMISSION <u>6/1/86</u>
				PHYSICIAN <u>Muragapalan</u>

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
7/1/86		Will transfer with assistance of 1 by 8/1/86.	Transfer training 3x per week. ADL transfer training in ADL book at nurses station.	PHYS REHAB	
6/4/86	Resident has been incontinent of bladder every night in last month.	Will decrease incidence of incontinence from 7 to 5x per week by 6/14/86.	Contact physician for evaluation of reason for incontinence. Change administration of diuretic from 3pm to 7am. Restrict fluids to 8oz after 7pm. Maintain urinary frequency record to determine when urination occurs. Recording to begin 6/4/86 and be completed 6/14/86.	NURSING	6/14/86
6/14/86		Will decrease incidence of incontinence from 5 to 3x per week by 7/1/86.		NURSING	
				CNA	
				CNA	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

NAME FRED WATSON
 AGE 71
 DATE OF ADMISSION 6/6/84
 PHYSICIAN Wunagaplan

RESIDENT CARE PLAN

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE PERSONNEL	DATE RESOLVED OR CANCELED
			Evaluate for bladder retraining program 6/14/86 Put urinal at bedside within reach and empty promptly after use. Check 3x per night to make sure he is dry. If not, assist to wash and change clothing and bed linen. Bladder retraining program. Follow toileting schedule posted at bedside.	NURSING CNA CNA NURSING CNA	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

NAME FRED WATSON
AGE 71
DATE OF ADMISSION 6/6/84
SUPERVISOR Murragan

RESIDENT CARE PLAN

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE PERSON	DATE RESOLVED OR TERMINATED
6/4/86	Losing weight (10# in last month) because he doesn't like low sodium food. Currently weighs 182.	Will stabilize weight between 180 and 186 by 7/1/86.	Obtain order for salt substitute. Identify food preferences especially those low in sodium (6/15/86). Design dietary plan to ensure caloric intake adequate to maintain weight with parameters. Provide resident with list of substitute seasoning to use on food by 6/10/86. Weigh weekly and report to physician with weight greater than 186 or less than 180.	NURSING DIETARY DIETARY DIETARY CNA/NURSING	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

PATIENT INFORMATION:

NAME FRED WATSON

AGE 71

DATE OF ADMISSION 6/11/84

DIETITIAN Muragapan

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE PERSON	DATE RESOLVED OR CHANGED
6/10/86		Will choose 3 spices to use to accent flavor of food by 6/20/86.	Provide resident with chosen spices by 6/28/86 and follow up with him by 7/1/86 to determine how he feels about use of spices and new diet plan.	DIETARY	

DATE	SIGNATURE	DATE	SIGNATURE

NAME FRED WATSON

AGE 71

DATE OF ADMISSION 6/6/84

PROBATION Muragappon

Resident's Care Plan

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|| Name: WATSON, FRED NMI. || Doctor: DR. MURAGAPPAN ||
|| Resident No.: 00008 || C.P. Review Date: 16-APR-1986 ||
|| Room-Bed: 1016 || Discharge Potential: FAIR ||
|| Birthday: 29-JAN-1915 || ||
|| Admitting Date: 06-JUN-1984 || LEVEL OF CARE: ||
|| RELIGION: || NEXT DOCTOR VISIT DUE: ||

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|| Primary Diag.: RHEUMATOID ARTHRITIS || Diagnosis D: ||
|| Diagnosis B: ARTERIOSCLEROTIC HEART DISEASE ||
|| Diagnosis C: ||

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Date	Diagnosis	Problem/Need	Goal	Approach
06/04/86	N/A	Resident refuses to bathe, staff unable to determine why.	Will state reason for refusing baths by 07/01/86.	Meet with stepson to help identify possible reason for refusal to bathe. Nursing Social Services
06/04/86	N/A			Talk with resident to identify bath time preference, the frequency with which he used to bathe, his need for privacy talking about how he feels about having help bathe him. Nursing
06/04/86	Primary	Resident unable to button shirt due to arthritis and inability to grasp small objects.	Will button shirt by 07/01/86.	Order button hook. Social Services
06/04/86	Primary			Teach resident to use button hook by using hand over hand assist to button with button hook. Social Services
07/01/86	Primary	Resident unable to transfer due to physical limitations related to arthritis.	Will transfer with assistance of 1 by 08/01/86.	Transfer training 3X per week. Physical Therapist
07/01/86	Primary			ADL transfer training in ADL book at nurses station. Nursing
06/14/86	N/A	Resident has been incontinent of bladder every night in last month.	Will decrease incidence of incontinence from 5 to 3 times per week by 07/01/86.	Restrict fluids to 8oz after 7pm. Nurses Aid

Resident's Care Plan

!! Name: WATSON, FRED NM1.

!! Doctor: DR. MURAGAFFAN

!! Resident No.: 00008

!! C.P. Review Date: 16-APR-1986

!! Primary Diag.: RHEUMATOID ARTHRITIS

Diagnosis D:

!! Diagnosis B: ARTERIOSCLEROTIC HEART DISEASE

!! Diagnosis C:

Date	Diagnosis	Problem/Need	Goal	Approach
06/14/86	N/A	Resident has been incontinent of bladder every night in last month.	Will decrease incidence of incontinence from 5 to 3 times per week by 07/01/86.	Put urinal at bedside within reach and empty promptly after use. Nurses Aid
06/14/86	N/A			Check (3)X per night to make sure he is dry. If not assist to wash and change clothing and bed linen. Nurses Aid
06/14/86	N/A			Bladder retraining program. Nursing
06/14/86	N/A			Follow toilet training schedule posted at bedside. Nurses Aid
06/04/86	Primary	Refuses to attend group activities due to physical appearance (joint deformities).	Will meet with B. Miller & J. Smith for weekly ballgames on TV by 07/01/86.	Discuss plan with resident. Activities Director Nursing
06/04/86	Primary			Acknowledge his concern about the deformity. Activities Director Nursing
06/04/86	Primary			Allow him to share his feelings. Activities Director Nursing
06/04/86	Primary			Assist resident to accept that the deformities will not be noticed because the gentlemen will be focusing on the game. Activities Director Nursing
06/04/86	Primary			Post game schedule in room. Activities Director
06/04/86	Primary			Provide unsalted popcorn and salt substitute for game viewing. Dietician

07/01/86

Life Care Center of Benton

Page: 3

Resident's Care Plan

Name: WATSON, FRED NMI.

Doctor: DR. MURAGAPPAN

Resident No.: 00008

C.P. Review Date: 16-APR-1986

Primary Diag.: RHEUMATOID ARTHRITIS

Diagnosis D:

Diagnosis B: ARTERIOSCLEROTIC HEART DISEASE

Diagnosis C:

Date	Diagnosis	Problem/Need	Goal	Approach
07/01/86	Diag. B	Sodium retention resulting in 2+ pitting edema in feet.	Reduce pitting edema from 1+ to 0 by 08/01/86.	Check edema daily including sacrum and dependent body parts and notify physician if edema increases or spreads. Nursing
07/01/86	Diag. B			Check lungs for rales. Nursing
07/01/86	Diag. B			Elevate feet when sitting in chair. Nurses Aid
07/01/86	Diag. B			Monitor low NA diet. Nurses Aid Dietician
07/01/86	Diag. B	Losing weight (10 pounds in last month) because he doesn't like low sodium food. Currently weighs 182.	Will stabilize weight between 180 and 186 by 07/01/86.	Weigh weekly and report to physician with weight greater than 186 or less than 180. Nurses Aid Nursing
06/10/86	Diag. B		Will choose three spices to use to accent flavor of food by 06/20/86.	Provide with chosen spices by 06/20/86 and follow up with him by 07/01/86 to determine how he feels about use of spices and new diet plan. Dietician

Signature Block

Signed _____	Dept: _____	Signed _____	Dept: _____
Signed _____	Dept: _____	Signed _____	Dept: _____
Signed _____	Dept: _____	Signed _____	Dept: _____
Signed _____	Dept: _____	Signed _____	Dept: _____
Signed _____	Dept: _____	Signed _____	Dept: _____

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
6/4/86	Verbally hostile towards residents, employees and visitors. Staff unable to determine why.	Will agree to meet with psychologist to explore reason for hostility by 7/1/86.	Notify physician of behavior for a referral to psychologist. Upon completion of psychologist's evaluation, staff will meet to discuss development of plan. Conduct behavior program 3x week.	NURSING	7/1/86
7/1/86		Will attend psychosocial behavior program 3x per week by 8/1/86.		NURSING	
6/4/86	Avoids staff and visitors because she cannot hear.	Will accept 1:1 contact by staff 15 min per day by 7/30/86.	Provide 1:1-after AM care completed sit with resident for 15 minutes. During this time try holding her hand, tell her about a current event, ask about	NURSING	

DATE	SIGNATURE	TIME	DATE	SIGNATURE	TIME	PATIENT IDENTIFICATION
						NAME <u>Valerie Duncan</u>
						AGE <u>68</u>
						DATE OF ADMISSION <u>8/30/84</u>
						RELIGION <u>Bledia</u>

SEE PAGE

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE PERSONNEL	DATE RESOLVED OR CHANGED
			her plans for the day. Ask her to tell you about the picture in her room. Be interested and attentive to what she says. Speak slowly and directly to resident using direct eye contact. Touch before speaking. Reduce outside stimuli by reducing noise level in room.	CNA	

DATE	SIGNATURE	TIME	DATE	SIGNATURE	TIME	PATIENT IDENTIFICATION:
				NAME	Valerie Duncan	
				AGE	68	
				DATE OF ADMISSION	8/30/84	
				PRESCRIPTION	Bledia	

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE PERSON	DATE RESOLVED OR CHANGED
6/4/86	Cradle cap on scalp due to skin condition.	Will have healthy scalp by 7/30/86.	Order zeetar shampoo. Shampoo hair 2x weekly with zeetar shampoo. Contact physician for re-evaluation.	NURSING CNA	
6/4/86	Does not like to shower. Staff unable to determine why.	Will state reason for not liking to shower by 7/1/86.	Identify possible reason for refusal to bathe. Talk with resident to identify bath time preference, the frequency with which she used to bathe, her need for privacy.	NURSING NURSING	7/1/86
7/1/86	Will not bathe because she is modest and does	Will decide which CNA she will	CNA chosen will develop a bathing schedule with	CNA	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

NAME Valerie Duncan
 AGE 68
 DATE OF ADMISSION 8/30/84
 PHYSICIAN Bledig

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
	not like anyone helping her.	allow to bathe her by 7/15/86.	resident that takes need for privacy and previous bathing history into consideration.		
6/4/86	At risk of weight loss. Refuses to eat lunch. Staff unable to determine why.	Resident will state why she is refusing to eat by 6/20/86. Will maintain weight between 130 and 135 by 7/1/86.	Assess likes and dislikes. Serve supplement if lunch not eaten. Monitor weight every week-report any weight loss of greater than 2 lbs to physician. Contact Mrs. Jones, only outside contact, to explain possible reasons for not eating.	DIETARY	6/20/86
6/4/86				NURSING	
				DIETARY	

DATE: _____ SIGNATURE: _____ DATE: _____ SIGNATURE: _____

NAME: Valerie Duncan

AGE: 68

DATE OF ADMISSION: 8/30/PM

PRESCRIPTION: Bledig

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE PERSON	DATE RESOLVED OR CHANGED
6/4/86	Unsteady ambulation resulting in frequent falls.	Will ambulate without falling by 7/1/86.	Contact physician for PT evaluation, assist resident to establish balance on feet when starting to ambulate. Remove barriers in room which may be unsafe.	NURSING	7/1/86
7/1/86		Will improve gait and ambulate without falling by 8/1/86.	Will do evaluation for gait training program.	PT	
			Ambulation training with safety belt 3x/week.	PHYS REHAB	
			Ambulate resident on floor 10 steps with safety belt.	CNA	
6/4/86	Has short term memory loss related to disease process that causes her to miss activities.	Will state activities which she would like to help	Will discuss possible activities that she's interested in helping with.	ACT	7/1/86

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

NAME Valerie Dunnean
 AGE 68
 DATE OF ADMISSION 8/30/84
 PHYSICIAN Bledig

RESIDENT CARE PLAN

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
7/1/86	Wants to help others.	with by 7/1/86. Will participate in craft service project for children's hospital 2x week by 8/1/86.	Identify what her role would be. Consult family on past interests. Family conference on goals for activities. Discuss service project daily with resident. Display service project daily with resident.	ACT NURSING NURSING/ACT ACT ACT	
6/4/86	Unable to find room.	Will find room without assistance 5 of 7 days per week by 7/1/86.	Discuss with resident a sign to help remember room. Will display special sign on resident's room.	NURSING SS	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

PATIENT INFORMATION:

NAME Valerie Duncan

AGE 68

DATE OF ADMISSION 8/30/84

PRESCRIPTION Bledig

DATE	PROBLEM (Need)	GOAL	APPROACH	RESPONSIBLE DISCIPLINE	DATE RESOLVED OR CHANGED
			Congratulate with a pat on shoulder when she finds her room.	ALL STAFF	

DATE	SIGNATURE	DATE	SIGNATURE	DATE	SIGNATURE

NAME Valerie Duncan

AGE 68

DATE OF ADMISSION 8/30/84

PERSONAL Bledia

Resident's Care Plan

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Name: DUNCAN, VALARIE NM1.
Resident No.: 00007
Room-Red: 1023
Admitting Date: 30-AUG-1984
RELIGION:

Doctor: DR. BLEDIG
C.P. Review Date: 30-APR-1986
Discharge Potential: FAIR
LEVEL OF CARE:
NEXT DOCTOR VISIT DUE:

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Primary Diag.: CEREBRAL DEGENERATION
Diagnosis B:
Diagnosis C:

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Date	Diagnosis	Problem/Need	Goal	Approach
07/01/86	N/A	Will not bathe because she is modest and does not like anyone helping her.	Will decide which CNA she will allow to assist her to bathe by 07/15/86.	CNA chosen will develop a bathing schedule with resident that takes need for privacy and previous bathing history into consideration. Nurses Aid
06/20/86	N/A	Prefers not to eat lunch at risk of weight loss.	Will maintain weight between 130 and 135 by 07/01/86.	Assess likes and dislikes. Serve supplement if lunch not eaten. Dietician
06/20/86	N/A			Monitor weight every week-report any weight loss greater than two pounds to physician. Nursing
07/01/86	Primary	Unsteady ambulation resulting in frequent falls.	Will improve gait and ambulate without falling by 08/01/86.	Assist resident to establish balance on feet when starting to ambulate. Remove barriers in room which may be unsafe. Nursing
07/01/86	Primary			Ambulation training with safety belt 3X per week. Physical Therapist
07/01/86	Primary			Ambulate resident on floor 10 steps with safety belt. Nurses Aid
07/01/86	N/A	Verbally hostile towards residents, employees and visitors. Staff unable to determine why.	Will attend psychosocial behavior program 3X per week by 08/01/86.	Conduct behavior program 3X week. Nursing
6/04/86	Primary	Avoids staff and visitors because she cannot hear.	Will accept 1:1 contact by staff 15 mins. per day by 07/30/86.	Provide 1:1-after AM care completed sit with resident for 15 minutes. During this time try holding her hand, tell her about a current event, ask about her plans for the day. Nursing

07/01/86

Life Care Center of Benton

Page: 2

Resident's Care Plan

!! Name: DUNCAN, VALARIE NMI.

!! Doctor: DR. BLEDIG

!! Resident No.: 00007

!! C.P. Review Date: 30-APR-1986

!! Primary Diag.: CEREBRAL DEGENERATION

Diagnosis D:

!! Diagnosis B:

!! Diagnosis C:

Date	Diagnosis	Problem/Need	Goal	Approach
06/04/86	Primary	Avoids staff and visitors because she cannot hear.	Will accept 1:1 contact by staff 15 mins. per day by 07/30/86.	Ask her to tell you about the picture in her room. Be interested and attentive to what she says. Nursing
06/04/86	Primary			Speak slowly and directly to resident using direct eye contact. Touch before speaking. Reduce outside stimuli by reducing noise level in room. Nurses Aid
07/01/86	Primary	Has short term memory loss related to disease process that causes her to miss activities. Wants to help others.	Will participate in craft service project for children's hospital 2X week by 08/01/86.	Discuss service project daily with resident. Activities Director
07/01/86	Primary			Display service project daily with resident. Activities Director
06/04/86	Primary	Unable to find room.	Will find room without assistance 5 of 7 days per week by 07/01/86.	Discuss with resident a sign to help remember room. Nursing
06/04/86	Primary			Will display special sign on resident's room. Social Services
06/04/86	Primary			Congratulate with a pat on the shoulder when she finds her room. All Staff
06/04/86	N/A	Cradle cap on scalp due to skin condition.	Will have healthy scalp by 07/30/86.	Order zeetar shampoo. Nursing
06/04/86	N/A			Shampoo hair 2X weekly with zeetar shampoo. Nurses Aid

07/01/86

Life Care Center of Benton

Page: 3

Resident's Care Plan

Name: DUNCAN, VALARIE NM1.

Doctor: DR. BLEDIG

Resident No.: 00007

C.F. Review Date: 30-APR-1986

Primary Diag.: CEREBRAL DEGENERATION

Diagnosis D:

Diagnosis B:

Diagnosis C:

Date	Diagnosis	Problem/Need	Goal	Approach
06/04/86	N/A	Cradle cap on scalp due to skin condition.	Will have healthy scalp by 07/30/86.	Contact physician for re-evaluation.

Nursing

Signature Block

Signed _____	Dept: _____	Signed _____	Dept: _____
Signed _____	Dept: _____	Signed _____	Dept: _____
Signed _____	Dept: _____	Signed _____	Dept: _____
Signed _____	Dept: _____	Signed _____	Dept: _____
Signed _____	Dept: _____	Signed _____	Dept: _____

Revised Work Task Sheets

These are automatically generated as a Resident Care Plan is revised. The Work Task Sheets are then distributed to the appropriate disciplines and used as previously described. The Work Task Sheets can be revised as often as necessary on command.

Activities Director Assignment Sheet for entire facility

Need	Goal	T	W	T	F	S	S	M
Task or Approach	Shift	1	2	3	4	5	6	7
Resident: DUNCAN, VALARIE NMI. Resident Number: 00007 Room-Bed: 1023								
(N)Has short term memory loss related to disease process that causes her to miss activities. Wants to help others.	Days	1	1	1	1	1	1	1
(G)Will participate in craft service project for children's hospital 2X week by 08/01/86.	Evenings							
==>(A) Discuss service project daily with resident.	Nights							
Comments:								
Resident: WATSON, FRED NMI. Resident Number: 00008 Room-Bed: 1016								
(N)Refuses to attend group activities due to physical appearance (joint deformities).	Days	1	1	1	1	1	1	1
(G)Will meet with B. Miller & J. Smith for weekly ballgames on TV by 07/01/86.	Evenings							
==> Discuss plan with resident.	Nights							
Comments:								
==>(A) Acknowledge his concern about the deformity.	Days							
Comments:	Evenings							
	Nights							
==>(A) Allow him to share his feelings.	Days							
Comments:	Evenings							
	Nights							
==>(A) Assist resident to accept that the deformities will not be noticed because the gentlemen will be focusing on the game.	Days							
Comments:	Evenings							
	Nights							

Activities Director Assignment Sheet for entire facility

Need

Goal

Task or Approach

Shift

T	W	T	F	S	S	M
1	2	3	4	5	6	7

Days

Evenings

Nights

Signature Block

Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	

07/01/86

Life Care Center of Benton

Page: 1

All Staff Assignment Sheet for entire facility

Need

Goal

Task or Approach

Shift

T	W	T	F	S	S	M
1	2	3	4	5	6	7

Resident: DUNCAN, VALARIE NMI. Resident Number: 00007 Room-Bed: 1023

(N)Unable to find room.

Days ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

(6)Will find room without assistance 5 of 7 days per week by 07/01/86.

Evenings ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

=>(A) Congratulate with a pat on the shoulder when she finds her room.

Nights

Comments:

Signature Block

Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	



Nurses Aid Assignment Sheet for entire facility

Need

Goal

Task or Approach

Shift

T	W	T	F	S	S	M
1	2	3	4	5	6	7

Resident: DUNCAN, VALARIE NMJ. Resident Number: 00007 Room-Bed: 1023

(N) Will not bathe because she is modest and does not like anyone helping her.

Days

(G) Will decide which CNA she will allow to assist her to bathe by 07/15/86.

Evenings

==>(A) CNA chosen will develop a bathing schedule with resident that takes need for privacy and previous bathing history into consideration.

Nights

Comments:

(N) Unsteady ambulation resulting in frequent falls.

Days

(G) Will improve gait and ambulate without falling by 08/01/86.

==>(A) Ambulate resident on floor 10 steps with safety belt.

Evenings

Comments:

Nights

(N) Avoids staff and visitors because she cannot hear.

Days

(G) Will accept 1:1 contact by staff 15 mins. per day by 07/30/86.

Evenings

==>(A) Speak slowly and directly to resident using direct eye contact. Touch before speaking. Reduce outside stimuli by reducing noise level in room.

Nights

Comments:

(N) Cradle cap on scalp due to skin condition.

Days

(G) Will have healthy scalp by 07/30/86.

==>(A) Shampoo hair 2X weekly with zeetar shampoo.

Evenings

Comments:

Nights

Resident: WATSON, FRED NMJ. Resident Number: 00008 Room-Bed: 1016

(N) Resident has been incontinent of bladder every night in last month.

Days

(G) Will decrease incidence of incontinence from 5 to 3 times per week by 07/01/86.

Evenings

==>(A) Restrict fluids to 8oz after 7pm.

Nights

Comments:

==>(A) Put urinal at bedside within reach and empty promptly after use.

Days

Comments:

Evenings

Nights

Nurses Aid Assignment Sheet for entire facility

Need

Goal

Task or Approach

Shift

	T	W	T	F	S	S	M
1							
2							
3							

==>(A) Check (3)X per night to make sure he is dry. If not assist to wash and change clothing and bed linen.

Comments:

Days

Evenings

Nights	1						
2							
3							

==>(A) Follow toilet training schedule posted at bedside.

Comments:

Days

Evenings

Nights

(N)Sodium retention resulting in 2+ pitting edema in feet.

(6)Reduce pitting edema from 1+ to 0 by 08/01/86.

==>(A) Elevate feet when sitting in chair.

Comments:

Days

Evenings

Nights

(A) Monitor low NA diet.

Comments:

Days

Evenings

Nights

(N)Losing weight (10 pounds in last month) because he doesn't like low sodium food. Currently weighs 182.

(G)Will stabilize weight between 180 and 186 by 07/01/86.

==>(A) Weigh weekly and report to physician with weight greater than 186 or less than 180.

Comments:

Days

Evenings

Nights

Signature Block

!! Signed	Init.	!! Signed	Init.
!! Signed	Init.	!! Signed	Init.
!! Signed	Init.	!! Signed	Init.
!! Signed	Init.	!! Signed	Init.
!! Signed	Init.	!! Signed	Init.

Nursing Assignment Sheet for entire facility								
Need	Goal	T	W	T	F	S	S	M
Task or Approach	Shift	1	2	3	4	5	6	7

Goal

Shift

Resident: DUNCAN, VALARIE NHI. Resident Number: 00007 Room-Red: 1023

Days ! !

Evenings

Nights

Days 1 1 1 1 1 1 1 1

Evenings 1 1 1 1 1 1 1 1 1 1

Nights

Days 11 11 11

Evenings

Nights

[illegible]

Evenings

Nights

Comments:

Days | _ | | _ | | _ | | _ | | _ | | _ | | _ |

Comments:

Evenings

Nights

Days	1	2
------	---	---

Evenings

Nights

Comments:

Nursing Assignment Sheet for entire facility

Need	Goal	T	W	T	F	S	S	M
Task or Approach	Shift	1	2	3	4	5	6	7
le cap on scalp due to skin condition. G) Will have healthy scalp by 07/30/86. A) Order zeetar shampoo. ents:	Days Evenings Nights							
A) Contact physician for re-evaluation. ents:	Days Evenings Nights							
ident: WATSON, FRED NH1. Resident Number: 00008 Room-Bed: 1016								
Resident refuses to bathe, staff unable to determine why. G) Will state reason for refusing baths by 07/01/86. A) Meet with stepson to help identify possible reason for refusal to bathe. ents:	Days Evenings Nights							
alk with resident to identify bath time preference, the frequency with which he used to bathe, his need for privacy talking about how he feels about having help bathe him. ments:	Days Evenings Nights							
Resident unable to transfer due to physical limitations related to arthritis. G) Will transfer with assistance of 1 by 08/01/86. A) ADL transfer training in ADL book at nurses station. ments:	Days Evenings Nights							
Resident has been incontinent of bladder every night in last month. G) Will decrease incidence of incontinence from 5 to 3 times per week by 07/01/86. A) Bladder retraining program. ments:	Days Evenings Nights							
Refuses to attend group activities due to physical parance (joint deformities). Will meet with B. Miller & J. Smith for weekly ballgames on TV by 07/01/86. A) Discuss plan with resident. ments:	Days Evenings Nights							

Nursing Assignment Sheet for entire facility

Need	Goal	Shift	T	W	T	F	S	S	M
	Task or Approach		1	2	3	4	5	6	7
=(A) Acknowledge his concern about the deformity.		Days							
Comments:		Evenings							
		Nights							
=(A) Allow him to share his feelings.		Days							
Comments:		Evenings							
		Nights							
=(A) Assist resident to accept that the deformities will not be noticed because the gentlemen will be focusing on the game.		Days							
Comments:		Evenings							
		Nights							
(A) Urine retention resulting in 2+ pitting edema in feet.		Days	1	1	1	1	1	1	1
(B) Reduce pitting edema from 1+ to 0 by 08/01/86.									
=(A) Check edema daily including sacrum and dependent body parts and notify physician if edema increases or spreads.		Evenings							
Comments:		Nights							
=(A) Check lungs for rales.		Days	1	1	1	1	1	1	1
Comments:		Evenings							
		Nights							
(A) Losing weight (10 pounds in last month) because he doesn't like low sodium food. Currently weighs 182.		Days							
(B) Will stabilize weight between 180 and 186 by 07/01/86.		Evenings							
=(A) Weigh weekly and report to physician with weight greater than 186 or less than 180.		Nights							
Comments:									

Signature Block

Signed	Init.	Signed	Init.
Signed	Init.	Signed	Init.
Signed	Init.	Signed	Init.
Signed	Init.	Signed	Init.
Signed	Init.	Signed	Init.

07/01/86

Life Care Center of Benton

Page: 1

Physical Therapist Assignment Sheet for entire facility

Need

Goal

T W T F S S M

Task or Approach

Shift

1 2 3 4 5 6 7

Resident: DUNCAN, VALARIE NMJ. Resident Number: 00007 Room-Bed: 1023

Unsteady ambulation resulting in frequent falls.

Days

1__1 1__1

1__1

(G) Will improve gait and ambulate without falling by 08/01/86.

(A) Ambulation training with safety belt 3X per week.

Evenings

Comments:

Nights

Resident: WATSON, FRED NMJ. Resident Number: 00008 Room-Bed: 1016

Resident unable to transfer due to physical limitations

Days

1__1 1__1

1__1

related to arthritis.

(G) Will transfer with assistance of 1 by 08/01/86.

Evenings

(A) Transfer training 3X per week.

Comments:

Nights

=====Signature Block=====

Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	

*****Social Services Assignment Sheet for entire facility*****

Need

Goal

	T	W	T	F	S	S	M
Shift	1	2	3	4	5	6	7

Task or Approach

Shift

Resident: DUNCAN, VALARIE NMI. Resident Number: 00007 Room-Bed: 1023

(N)Unable to find room.

Days 1 _ 1 _ 1 _ 1 _ 1 _ 1 _

(G)Will find room without assistance 5 of 7 days per week by 07/01/86.

Evenings 1 _ 1 _ 1 _ 1 _ 1 _ 1 _

=>(A) Will display special sign on resident's room.

Nights

Comments:

Resident: WATSON, FRED NMI. Resident Number: 00008 Room-Bed: 1016

(N)Resident refuses to bathe, staff unable to determine why.

Days

(G)Will state reason for refusing baths by 07/01/86.

=>(A) Meet with stepson to help identify possible reason for refusal to bathe.

Evenings

Comments:

Nights

(N)Resident unable to button shirt due to arthritis and inability to grasp small objects.

Days

(G)Will button shirt by 07/01/86.

Evenings

=>(A) Order button hook.

Nights

Comments:

=>(A) Teach resident to use button hook by using hand over hand assist to button with button hook.

Days 1 _ 1 _ 1 _ 1 _ 1 _

Comments:

Evenings

Nights

*****Signature Block*****

Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	
Signed _____	Init. _____	Signed _____	Init. _____	

Resident Goal Tracking Summary

This form provides a tracking system of the Resident Care Plan goals which have been met, deleted or changed and the reason. The form can be used by QUIP surveyors to establish the ability of the facility to accomplish Resident Care Plan goals. The form can also be used by the facility to identify which care plans have been effective.

Start Date	End Date	Problem/Need Goal
---------------	-------------	----------------------

07/04/86	06/14/86	Need: Resident has been incontinent of bladder every night in last month.
----------	----------	---

Goal: Will decrease incidence of incontinence from 7 to times per week by 06/14/86.

Reason for Removal: Goal met

~~~~~

|          |          |                                                               |
|----------|----------|---------------------------------------------------------------|
| 07/04/86 | 07/01/86 | Need: Sodium retention resulting in 2+ pitting edema in feet. |
|----------|----------|---------------------------------------------------------------|

Goal: Reduce pitting edema from 2+ to 1+ by 07/01/86.

Reason for Removal:      Goal met

~~~~~

07/04/86	07/01/86	Need: Resident unable to transfer due to physical limitations related to arthritis.
----------	----------	---

Goal: Will use adaptive chair to independently move from sitting to standing position by 07/01/86.

Reason for Removal: Goal met

~~~~~



=====

| Start Date | End Date | Problem/Need | Goal |
|------------|----------|--------------|------|
|------------|----------|--------------|------|

=====

|          |          |                                                                                   |                                                                   |
|----------|----------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 06/04/86 | 06/20/86 | Need: At risk of weight loss refused to eat lunch. Staff unable to determine why. | Goal: Resident will state why she is refusing to eat by 06/20/86. |
|----------|----------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|

Reason for Removal:      Goal met  
~~~~~

06/04/86	07/01/86	Need: Verbally hostile towards residents, employees and visitors. Staff unable to determine why.	Goal: Will agree to meet with psychologist to explore reason for hostility by 07/01/86.
----------	----------	--	---

Reason for Removal: Goal met
~~~~~

|          |          |                                                               |                                                               |
|----------|----------|---------------------------------------------------------------|---------------------------------------------------------------|
| 06/04/86 | 07/01/86 | Need: Does not like to shower. Staff unable to determine why. | Goal: Will state reason for not liking to shower by 07/01/86. |
|----------|----------|---------------------------------------------------------------|---------------------------------------------------------------|

Reason for Removal:      Goal met  
~~~~~

06/04/86	07/01/86	Need: Unsteady ambulation resulting in frequent falls.	Goal: Will ambulate without falling by 07/01/86.
----------	----------	--	--

Reason for Removal: Goal met
~~~~~

|          |          |                                                                                                                       |                                                                           |
|----------|----------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 06/04/86 | 07/01/86 | Need: Has short term memory loss related to disease process that causes her to miss activities. Wants to help others. | Goal: Will state activities which she would like to help with by 07/01/86 |
|----------|----------|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

Reason for Removal:      Goal met  
~~~~~


Facility Management Output Documents

The following output documents for facility management are explained in this section to identify the:

- o name of the report
- o person using the report
- o purpose of the report

Some reports have multiple uses and will be useful to more than one person/department. Many of these reports provide information which will also be helpful for surveyors when performing surveys. Facility management includes those persons who are responsible for planning, coordinating or supervising operations in the facility. Specifically this includes the following positions:

Administrator

Director of Nursing and Charge Nurses

Activity Director

Social Service Designee

Dietary Supervisor

Rehabilitation Department-Physical Therapy/Rehab,
Occupational Therapy/Rehab

Facility Management Output Documents - Continued

In addition to the reports to be used for facility management, the output documents of the care planning components are to be used by all staff.

Report Name: Church Information

Person to Use: Activity Department, Social Service Designee

Purpose of Report: To accommodate the spiritual needs of residents, a long term care facility must provide religious activities such as Bible study or hymn singing, and routine religious services. This report provides the Activity Director with easy access to each resident's religious preference, church name and clergyman to contact. This report could also be used by Social Services to contact a clergyman for assistance with a personal problem. This report should be revised with each new admission.

CHURCH INFORMATION

FORM- FED # LAST NAME	FIRST NAME	RELIGION	CHURCH NAME	CLERGYMAN	CHURCH TELEPHONE
00030 ALBREIGHT	BILLY	CATHOLIC	ST PETER'S CATHEDRAL	FR. PADRAIC FLANNIGAN	217-333-5555
00018 BARRFESS	HERSCHEL	METHODIST	UNITED METHODIST	REV. ROBERT KRAUSE	217-444-5555
00023 DUNCAN	VALARIE	CATHOLIC	ST. MARY'S	FR. CHRISTOPHER HILL	217-333-8888
00019 EVANS	MONZEL	NONE			
00007 FORBIS	LULILLE	UNITY	CHRIST UNITY CHURCH	REV. SALLY FEDER	217-335-1111
00012 HALLER	RUBY	METHODIST	ST LUKE'S METHODIST	REV. ARTHUR SMITH	217-444-3333
00013 JERR	RUBY	METHODIST	ST LUKE'S METHODIST	REV. ARTHUR SMITH	217-444-3333
00018 OLFOYD	JESSIE	CATHOLIC	ST. PETER'S CATHEDRAL	FR. PADRAIC FLANNIGAN	217-333-5555
00011 REED	DOLLIE	METHODIST	UNITED METHODIST CHURCH	REV. ROBERT KRAUSE	217-444-5555
00008 RICHARDSON	DOROTHY	CATHOLIC	ST. PETER'S CATHEDRAL	FR. PADRAIC FLANNIGAN	217-333-5555
00016 WATSON	FRED	CATHOLIC	ST. MARY'S	FR. CHRISTOPHER HILL	217-333-8888

Report Date Printed : 11

Report Name: Funeral Home Preference List

Person to Use: Social Services, Nursing Department

Purpose of Report: This report provides easy access to the funeral home to contact in the event of a resident's death. This report should be revised with each new admission.

FUNERAL HOME PREFERENCE - JULY, 1936.

THE FOLLOWING ARE THE NAMES OF THE DECEASED WHO HAVE MADE A PREFERENCE.

ROUND

FLD. #	LAST NAME	FIRST NAME	FUNERAL HOME PREFERENCE
00010	ALFRIIGHT	RELY	RENNER FUNERAL HOME
00013	BURGESS	HERSCHEL	GARDNER FUNERAL HOME
00025	DUNCAN	MARIE	FURBES FUNERAL HOME
00015	EWING	HONZEL	FURBES FUNERAL HOME
00002	FURBES	LUCILLE	GARDNER FUNERAL HOME
00012	HALLER	ROY	RENNER FUNERAL HOME
00013	KIRK	ROY	RENNER FUNERAL HOME
00013	OLRUD	JESSIE	GARDNER FUNERAL HOME
00011	REED	DOLLIE	FURBES FUNERAL HOME
00003	RICHARDSON	MURPHY	FURBES FUNERAL HOME
00016	WATSON	FRED	GARDNER FUNERAL HOME

Records Printed : 11

Report Name: Diagnosis Report

Person to Use: Administrator, Social Services,
Nursing Department

Purpose of Report: Third party-payors require forms submitted to have a diagnosis and related code. This list provides easy access to this information to those persons responsible for financial arrangements. In addition, the Administrator and Nursing Department may use this information to study utilization trends and plan inservice education. Skilled long term care facilities which are certified for Medicare are required to perform an annual study to improve medical care. This information could be used for this study. This report should be revised with each new admission.

DIAGNOSIS REPORT

=====			
BOOK-			
BED # LAST NAME	FIRST NAME	PRIMARY DIAGNOSIS	SECONDARY DIAGNOSIS
=====			
00007 FOREIS	LUCILLE	195.3,CA FELVIS	ALCOHOL WITHDRAWAL,291.8
00008 RICHARDSON	DOROTHY	331.0,ALZHEIMER'S DISEASE	GENERALIZED ATHEROSCLEROSIS,440.9
00011 REED	DOLLIE	596.0,BLADDER NECK OBSTRUCTION	NEURALGIA,724.2
00012 HALLER	RUBY	174.9,CA BREAST	NEURALGIA,729.2
00013 KEAR	RUBY	427.9,CARDIAC DYSRHYTHMIA	PERFORATED TYMPANIC MEMBRANE,384.1
00015 WATSON	FRED	714.0,RHEUMATOID ARTHRITIS	ARTERIOSCLEROTIC HEART DISEASE,414.0
00018 BURRESS	HERSCHFL	196.8,CA LYMPH NODES-MULTIPLE SITES	SENILE DEMENTIA-UNCOMPLICATED,290.9
00019 GLEDDY	JESSIE	443.9,PERIPHERAL VASCULAR DISEASE	PARANOID PERSONALITY DISORDER,301.1
00019 EVANS	MUNZEL	331.9,CEREBRAL DEGENERATION	FX HUMERUS,812.2
00023 LUNCAN	VALARIE	331.9,CEREBRAL DEGENERATION	
00030 ALBRIGHT	BILLY	318.1,SEVERE RETARDATION	GENCULITIS NONINFECTIOUS,502.9
=====			

Records Printed : 11

Report Name: Physical Exam List

Person to Use: Nursing Department

Purpose of Report: All residents are required to have an annual physical examination by their attending physician. Since residents are admitted at different times, a long term care facility must keep track of which residents are due for these physicals. This report provides the nursing department with a listing of the residents, their physician and the date of their last physical examination. This report should be revised every month and is the basis for the next report - "Physical Exams Due".

PHYSICAL EXAM DATE

ROOM-EEED #	LAST NAME	FIRST NAME	LAST PHYSICAL EXAM DATE	PHYSICIAN (CODE)
00030	ALBRIGHT	BILLY	01-JUL-1986	DR. MURAGAFFAN
00018	BURKEES	HERSCHEL	01-APR-1985	DR. MATTERS
00015	DUNCAN	VALARIE	01-JUL-1985	DR. BLEDIG
00019	EVANS	MONZEL	01-JUN-1986	DR. MATTERS
00007	FORETS	LUCILLE	22-MAR-1986	DR. SHAH, HASIN
00012	HALLER	RUBY	20-DEC-1985	DR. MURAGAFFAN
00013	FERR	RUBY	28-MAY-1985	DR. SHAH, HASIN
00018	OLKOID	JESSIE	24-JUN-1985	DR. BLEDIG
00011	REED	DOLLIE	21-MAY-1986	DR. MURAGAFFAN
00002	RICHARDSON	DOFUTHY	14-JUN-1986	DR. LOVELL, LAYNE
00016	WATSON	FRED	31-MAY-1985	DR. MURAGAFFAN

Report Name: Physical Exams Due

Person to Use: Nursing Department

Purpose of Report: This report provides the nursing department with an automatic tickler file of residents due for physical examinations that month and the physician's name and telephone number to contact. This report is revised on a monthly basis.

PHYSICAL EXAM DATE - PHYSICAL EXAMS DUE

ROOM-BED #	LAST NAME	FIRST NAME	LAST PHYSICAL EXAM DATE	PHYSICIAN (CODE)
00018	BURRESS	HERSCHEL	01-APR-1985	DR. MATTERS
00023	DUNCAN	VALARIE	01-JUL-1985	DR. BLEDIG
00013	FERR	RUBY	28-MAY-1985	DR. SHAH, HASIN
00018	OLROYD	JESSIE	24-JUN-1985	DR. BLEDIG
00016	WATSON	FRED	31-MAY-1985	DR. MURAGAPPAN

Records Printed : 5

Report Name: Discharge Report

Person to Use: Administrator, Social Services,
Nursing Department

Purpose of Report: This report contains the resident's names, date of discharge, discharge diagnosis and destination of discharge. The information contained in this report can be used by Social Services when completing forms for insurance. It can also be used by the Nursing Department to study the causes of discharge and trends which exist. This report will be revised every month.

DISCHARGE REPORT - RESIDENTS DISCHARGED DURING JUNE
 ~~~~~

| ROOM-<br>BED # | LAST NAME | FIRST NAME | DISCHARGE DIAGNOSIS         | DISCHARGED TO: | DISCHARGE<br>DATE |
|----------------|-----------|------------|-----------------------------|----------------|-------------------|
| 00023          | DUNCAN    | VALARIE    | CEREERAL DEGENERATION,331.9 | HOSPITAL       | 30-JUN-1966       |
| 00007          | FORBIS    | LUCILLE    | CA PELVIS,195.3             | DECEASED       | 18-JUN-1966       |
| 00013          | FEAR      | ROBY       | CARDIAC DYSRHYTHMIA,427.9   | HOME           | 15-JUN-1966       |

Records Printed : 3

Report Name: Birthday List

Person to Use: Activity Department

Purpose of Report: This report contains a monthly listing of those residents who have birthdays and their birthdate. This provides the Activity Director with easy access to this information when planning the monthly activity calendar for the purpose of celebrating residents' birthdays. This report will be produced every month.

# BIRTHDAY LIST - JUNE BIRTHDAYS

| ROOM-ED | LAST NAME | FIRST NAME | BIRTHDAY     |
|---------|-----------|------------|--------------|
| 00023   | QUINN     | VALARIE    | 13-JUNE-1981 |
| 00019   | EVANS     | HORZEL     | 07-JUNE-1981 |

Records Printed : 2

Report Name: Primary Observed Behaviors

Person to Use: Nursing Department, Activity Department

Purpose of Report: This report identifies those residents with particular behavior problems. The Nursing and Activity Departments use this information when scheduling staff, designating activities for certain groups of residents and evaluating residents for behavior modification programs. This report will be produced every month due to new admissions and/or changes in residents assessments.

## OBSERVED BEHAVIOR REPORT ONE - JULY, 1996

| LAST NAME | FIRST NAME | OBSERVED BEHAVIOR 1 (CODE)                    | OBSERVED BEHAVIOR 2 (CODE)              |
|-----------|------------|-----------------------------------------------|-----------------------------------------|
| ALBRIGHT  | BILLY      | YELLS OR SCREAMS, VERBALLY ABUSIVE,           | BELLIGERENT, AGITATED, THREATENING      |
| ELDRIDGE  | HERSCHEL   | GETS ALONG WELL WITH STAFF                    | GETS ALONG WELL WITH OTHER RESIDENTS    |
| DUNCAN    | VALARIE    | NEGATIVE ATTITUDE                             | VERBALLY ABUSIVE                        |
| EVANS     | MUNZEL     | GETS ALONG WELL WITH STAFF                    | PART. IN GROUP ACTIVITIES               |
| FORBIS    | LUCILLE    | GETS ALONG WELL WITH STAFF                    | GETS ALONG WELL WITH OTHER RESIDENTS    |
| HALLER    | RUEY       | GETS ALONG WELL WITH STAFF                    | GETS ALONG WELL WITH OTHER RESIDENTS    |
| JEFF      | ROBY       | NEEDS SUPRV. IN COMM. ACTIVITIES              | EXHIBITIONISM                           |
| CLAYTON   | JESSE      | GETS ALONG WELL WITH STAFF                    | APPROPRIATE SEXUAL BEHAVIOR             |
| FEED      | DOLLIE     | GETS ALONG WELL WITH STAFF                    |                                         |
| FILMERSON | DOROTHY    | PART. IN GROUP ACTIVITIES                     | APPROPRIATE SEXUAL BEHAVIOR             |
| WATSON    | FRED       | YELLS OR SCREAMS, VERBALLY ABUSIVE, COMBATIVE | BELLIGERENT, THREATENING, INTIMIDATION, |

Report Name: Monthly Weight Report

Person to Use: Nursing Department

Purpose of Report: A long term care facility is responsible for monitoring the health and well being of its residents. Any significant weight loss or gain can be a symptom of a health problem which needs attention. This report provides a document with which to record the weights of residents every month. This report is revised every month and produces the next report "Weight Monitor List".

MONTHLY WEIGHT REPORT - ALL RESIDENTS, JULY 1985

\*\*\*\*\*

| LAST NAME  | FIRST NAME | JAN<br>WT | FEB<br>WT | MAR<br>WT | APR<br>WT | MAY<br>WT | JUN<br>WT | JUL<br>WT | AUG<br>WT | SEP<br>WT | OCT<br>WT | NOV<br>WT | DEC<br>WT | LOSS/<br>G-IN |
|------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|---------------|
| ALBRIGHT   | BILLY      | 120       | 121       | 119       | 123       | 125       | 123       | 122       | 0         | 0         | 0         | 0         | 0         | -1            |
| BURRESS    | HERSCHEL   | 195       | 192       | 195       | 190       | 189       | 185       | 174       | 0         | 0         | 0         | 0         | 0         | -11           |
| DUNCAN     | VALERIE    | 134       | 136       | 139       | 141       | 139       | 138       | 137       | 0         | 0         | 0         | 0         | 0         | -1            |
| EVANS      | MONIZEL    | 201       | 200       | 201       | 203       | 203       | 202       | 215       | 0         | 0         | 0         | 0         | 0         | +13           |
| FORBIE     | LUCILLE    | 145       | 145       | 147       | 142       | 141       | 140       | 136       | 0         | 0         | 0         | 0         | 0         | -2            |
| HALLER     | RUBY       | 110       | 112       | 109       | 111       | 109       | 104       | 115       | 0         | 0         | 0         | 0         | 0         | +11           |
| FERR       | RUBY       | 127       | 126       | 128       | 130       | 129       | 129       | 129       | 0         | 0         | 0         | 0         | 0         | NONE          |
| OLROYD     | JESSIE     | 96        | 98        | 97        | 95        | 94        | 94        | 89        | 0         | 0         | 0         | 0         | 0         | -5            |
| REED       | LILLIE     | 125       | 123       | 123       | 121       | 126       | 125       | 127       | 0         | 0         | 0         | 0         | 0         | +2            |
| RICHARDSON | DOROTHY    | 120       | 121       | 122       | 123       | 126       | 124       | 125       | 0         | 0         | 0         | 0         | 0         | -2            |
| WATSON     | FRED       | 192       | 190       | 189       | 187       | 187       | 186       | 0         | 0         | 0         | 0         | 0         | 0         | -1            |

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Report Name: Weight Monitor List

Person to Use: Nursing Department, Dietary Department

Purpose of Report: This report identifies only the residents who have had a weight loss or gain of ten pounds within the previous month. The information on this report contains the resident name and the amount of weight loss or gain. This report is revised every month.

MONTHLY WEIGHT REPORT - RESIDENT WHO LOST OR GAINED MORE THAN 10 POUNDS THIS MONTH. JULY 1986

| LAST NAME | FIRST NAME | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | LESS/ |
|-----------|------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
|           |            | WT  | WT  | WT  | WT  | WT  | WT  | WT  | WT  | WT  | WT  | WT  | WT  | GAIN  |
| BURRESS   | HERSCHEL   | 195 | 192 | 195 | 190 | 189 | 185 | 174 | 0   | 0   | 0   | 0   | 0   | -11   |
| EWING     | MONZEL     | 201 | 200 | 201 | 203 | 203 | 202 | 215 | 0   | 0   | 0   | 0   | 0   | 13    |
| MULLER    | RUE:       | 110 | 112 | 109 | 111 | 109 | 104 | 115 | 0   | 0   | 0   | 0   | 0   | +11   |

1. Books Printed :

Report Name: Skin Breakdown Potential

Person to Use: Nursing Department

Purpose of Report: A long term care facility is responsible for preventing decubitus ulcers (bedsores) by providing good restorative and rehabilitative care to residents. One method of preventing decubitus ulcers is to have a system of assessing residents to identify those who are at risk and instituting closer monitoring and prevention measures for those residents. This report identifies residents from the assessment form which have a potential for being at risk of developing decubitus ulcers. The Nursing Department will know from this report which residents have these problems and will monitor and assess them more closely. This report is revised every month.

NOTE: It is intended that an additional decubitus assessment will be coded and computerized with this system which scores residents at low, moderate and high risk for developing decubitus.

# SKIN BREAKDOWN POTENTIAL - RESIDENTS WITH INCREASED RISK FACTORS

| LAST NAME | FIRST NAME | SKIN TEXTURE<br>(CODE) | RESIDENT APPEARS:<br>(CODE) | AMBULATION<br>(CODE) | EATS:<br>(CODE) |
|-----------|------------|------------------------|-----------------------------|----------------------|-----------------|
| ALRIGHT   | BILLY      | DRY                    | THIN                        | SHUFFLES             | INCONSISTENT    |
| DUNCAN    | VALARIE    | DRY                    | THIN                        | UNSTEADY, SHUFFLES   | INCONSISTENT    |
| OLKUD     | JESSIE     | WRINKLES               | EMACIATED, DEHYDRATED       | UNSTEADY             | NEEDS COAXING   |
| REED      | BOLLIE     | DRY                    | THIN                        | LIMITED MOVEMENT     | INCONSISTENT    |
| WATSON    | FRED       | DRY, WRINKLES          | THIN                        | UNSTEADY             | INCONSISTENT    |

Records Printed : 5

Report Name: Bowel and Bladder Training List

Person to Use: Nursing Department

Purpose of Report: A long term care facility is responsible for assisting incontinent residents to regain their former bowel and bladder patterns. This report identifies those residents who need bowel and bladder training. This report is revised every month.



Report Name: Personal Hygiene-ADL Assistance List

Person to Use: Nursing Department, Physical Rehab/  
Occupational Department

Purpose of Report: A long term care facility is responsible for rehabilitating residents to their highest possible functioning. For activities of daily living such as bathing, dressing and grooming, residents should be encouraged to perform these functions independently as much as possible. Residents who have the potential to increase their functioning levels should receive training in these areas. This report identifies residents who need assistance or training with activities of daily living. This report will be revised every month.

# PERSONAL HYGIENE - ADL ASSISTANCE LIST

| LAST NAME  | FIRST NAME | BATH<br>(CODE) | COMBS HAIR<br>(CODE) | SHAMPOO<br>(CODE) | NAILS<br>(CODE) | SHAVES<br>(CODE) | DRESSES<br>(CODE) |
|------------|------------|----------------|----------------------|-------------------|-----------------|------------------|-------------------|
| ALERTIGHT  | BILLY      | STAFF ASSIST   | STAFF ASSIST         | STAFF             | STAFF           | STAFF ASSIST     | STAFF ASSIST      |
| BURNESS    | HERSCHEL   | WITH ASSIST    | WITH ASSIST          | WITH ASSIST       | WITH ASSIST     | WITH ASSIST      | WITH ASSIST       |
| DUNCAN     | VALARIE    | STAFF ASSIST   | SELF                 | STAFF ASSIST      | STAFF ASSIST    | N/A              | SELF              |
| EVANS      | MONZEL     | STAFF          | STAFF                | STAFF             | STAFF           | STAFF            | STAFF             |
| FORBIS     | LJILLIE    | STAFF          | STAFF                | STAFF             | STAFF           | N/A              | STAFF             |
| HALLER     | RUBY       | STAFF          | STAFF                | STAFF             | STAFF           | N/A              | STAFF             |
| PERK       | RUBY       | STAFF          | STAFF                | STAFF             | STAFF           | N/A              | WITH ASSIST       |
| OLKDYD     | JESSIE     | SELF           | SELF                 | SELF              | SELF            | N/A              | SELF              |
| REED       | DOLLIE     | SELF           | STAFF ASSIST         | STAFF ASSIST      | SELF            | N/A              | SELF              |
| RICHARDSON | DOROTHY    | WITH ASSIST    | WITH ASSIST          | STAFF             | STAFF           | N/A              | SELF              |
| WATSON     | FRED       | STAFF          | SELF                 | STAFF             | STAFF           | STAFF            | STAFF             |

11

Report Name: Physical Therapy Rehab-Transfer Training

Person to Use: Physical Rehab, Nursing Department

Purpose of Report: This report identifies residents who have been assessed to be candidates for transfer training. These residents should be evaluated by Physical Therapy and placed in an appropriate program for transfer training. This report will be revised every month.

TRANSFER CAPABILITY - JULY, 1986  
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| LAST NAME | FIRST NAME | RETRAIN  |                    | TRANSFERS (CODE)  |
|-----------|------------|----------|--------------------|-------------------|
|           |            | CANDIDAT | AMEULATION (CODE)  |                   |
| EVANS     | MONZEL     | Y        | UNSTEADY AT TIMES  | WITH ASSIST       |
| FORBIS    | LUCILLE    | N        | UNSTEADY, SHUFFLES | WITH ASSIST       |
| OLROYD    | JESSIE     | Y        | UNSTEADY           | WITH ASSIST       |
| WATSON    | FRED       | Y        | UNSTEADY           | TOTALLY DEPENDENT |

\*\*\*\*\*  
 RECORDS TRAINED : 4

Report Name:            Positioning List

Person to Use:        Nursing Department

Purpose of Report:    A long term care facility is responsible for maintaining all residents in proper body alignment to prevent contractures. For those residents who are unable to position themselves, a turning schedule should be established to prevent decubitus ulcers. This report identifies those residents which need positioning and turning. This report will be revised every month.

# POSITIONING LIST

| LAST NAME  | FIRST NAME | BODY MOVEMENT (CODE) | NEEDS POSITIONING IN |
|------------|------------|----------------------|----------------------|
| BURRESS    | HERSCHEL   | VERY SLOWED          | BED, CHAIR           |
| DUNCAN     | VALARIE    | SLOWED               | BED                  |
| EVANS      | MONZEL     | SLOWED               | BED                  |
| FORETS     | LUCILLE    | SLOWED               | CHAIR SAFETY DEVICE  |
| HALLER     | RUBY       | VERY SLOWED          | BED, CHAIR, W/C      |
| REED       | COLLIE     | VERY SLOWED          | W/C, BED             |
| RICHARDSON | DOROTHY    | SLOWED               | BED, W/C             |
| WATSON     | FRED       | SLOWED               | BED, CHAIR           |

Records Printed : 8

Report Name: Physical Rehab-Weight Bearing

Person to Use: Physical Rehab, Nursing Department

Purpose of Report: This identifies residents who do not have full weight bearing. These residents should be evaluated by Physical Therapy/Rehab so that they can be appropriately placed in a program to maintain functioning. These residents may also be placed in a coordinating program in the Nursing Department. This report will be revised every month.

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LAST NAME	FIRST NAME	WEIGHT BEARING (CODE)
BURFESS	HERSCHEL	PARTIAL
DUNCAN	VALARIE	PARTIAL
EVANS	MONZEL	PARTIAL
FORBIS	LUCILLE	PARTIAL
HALLER	RUBY	NON
OLROYD	JESSIE	PARTIAL
FEEB	DOLLIE	NON
RILHARDSON	DOROTHY	PARTIAL
WATSON	FRED	PARTIAL

Report Name: Special Equipment Needs

Person to Use: Social Services, Nursing Department

Purpose of Report: A long term care facility is responsible for obtaining equipment which residents need to maintain independent functioning. The Social Service designee will use this report to purchase equipment for residents. The Nursing Department will use this report to make sure the special equipment is used and properly maintained. This report will be revised every month.

SPECIAL EQUIPMENT NEEDS

LAST NAME	FIRST NAME	DEVICES
BURFESS	HERSCHEL	WALKER
DOUGAN	VALARIE	WALKER / WHEELCHAIR
EVANS	HOMER	WHEELCHAIR / WALKER
FURRIS	LUCILLE	SAFETY DEVICE CHAIR
HALLER	RUBY	WHEELCHAIR
LEER	RUBY	WHEELCHAIR
DE ROYD	JESSE	WALKER
PEED	QUELLE	WHEELCHAIR
RICHARDSON	DOROTHY	WALKER
WATSON	FRED	WALKER / CABL

Records Printed : 10

Report Name: Resident Dining Area

Person to Use: Dietary Department, Nursing Department

Purpose of Report: A long term care facility is responsible for serving the appropriate diet at proper temperatures. To serve an average of 100 residents, this is done expeditiously by loading food carts in the residents eating pattern so that food is served quickly. This report will be used by Dietary to load food carts in the proper order. This report will be revised as necessary by the Nursing Department when the seating pattern changes or new residents are admitted.

RESIDENT DINING AREA - JULY, 1986

ROOM- BED #	LAST NAME	FIRST NAME	DINING AREA	TABLE NO.
00050	ALBRIGHT	BILLY	MAIN	11
00018	BURRESS	HERSCHEL	MAIN	15
00023	DUNNAN	VALARIE	NORTH HALL	14
00019	EVANS	HUTZEL	ROOM	
00007	FORBIS	LUCILLE	MAIN	14
00012	HALLER	RUBY	NORTH HALL	16
00013	KERR	RUBY	MAIN	11
00018	OLROYD	JESSIE	ROOM	
00011	REED	DOLLIE	MAIN	11
00008	RICHARDSON	DOROTHY	MAIN	12
00016	WATSON	FRED	ROOM	

Records Printed : 11

Report Name: Eating Equipment Needs

Person to Use: Social Services, Nursing Department

Purpose of Report: This report contains the resident name, room number and special adaptive devices which are required to maintain functioning in eating. These devices need to be purchased by Social Services, used during meals and maintained properly. This report can be used by Social Services to order the equipment and the Nursing Department to make sure residents use them during meals. This report will be revised as necessary.

EATING EQUIPMENT NEEDS - JULY, 1988

ROOM- BED #	LAST NAME	FIRST NAME	PLATE GUARDS	SPOON HOLDER	LAP BOULED
00030	ALERTIGH	BILLY	X	X	X
00010	BURRESS	HERSCHEL		X	
00023	DUNCAN	VALARIE			X
00019	EVANS	HONZEL	X	X	X
00007	FORETS	LUCILLE	X	X	
00012	HALLER	RUBY			
00015	FERR	RUBY	X		X
00018	OLROYD	JESSIE			
00011	REED	DOLLY	X	X	
00008	RICHARDSON	DOROTHY	X	X	X
00016	WATSON	FRED	X	X	X

Records Printed : 11

Report Name: Residents Needing Physical Assistance with Eating

Person to Use: Nursing Department

Purpose of Report: Residents with special needs during meals are usually seated together and require adequate staff to monitor and assist with those needs. This report identifies for the Nursing Department the residents who have nutritional problems due to inadequate intake, require assistance with eating and/or exhibit behavior problems during meals. This report will be revised every month.

EATING BEHAVIOR AND ASSISTANCE REQUIRED - RESIDENTS NEEDING PHYSICAL ASSISTANCE WITH EATING

LAST NAME	FIRST NAME	EATS: (CODE)	NEEDS: (CODE)	TABLE MANNERS (CODE)
ALLRIGHT	BILLY	INCONSISTENT	TRAY SETUP	GETS UP DURING MEALS
BURGESS	HERSCHEL	WELL	VERBAL CUEING	COMBS HAIR AT TABLE
DUNCAN	VALARIE	INCONSISTENT	TRAY SETUP	ADEQUATE
EVANS	MURIEL	WELL	TRAY SETUP	ADEQUATE
FORETS	LUCILLE	WELL	TRAY SETUP, VERBAL CUEING	ADEQUATE
HALLER	ROBY	WELL	TRAY SETUP PHYSICAL ASSIST	ADEQUATE
PERF	ROBY	WELL	TRAY SETUP	STUFFS MOUTH, THROWS TRAY
OLSON	JESSIE	NEEDS COAXING	FED BY STAFF	
REED	DOLLIE	INCONSISTENT	PHYSICAL ASSIST	ADEQUATE
RICHARDSON	DOROTHY	WELL	VERBAL CUEING	ADEQUATE
WATSON	FRED	INCONSISTENT	PHYSICAL ASSISTANCE	ADEQUATE

Records Printed : 11

Report Name: Diet Preference Report

Person to Use: Dietary Department, Nursing Department

Purpose of Report: A long term care facility is responsible for serving three meals a day and between meal snacks which meet the daily food allowances recommended by the National Research Council. In addition, those residents which refuse food are to be offered a nutritionally appropriate substitute. It is less costly to anticipate food which will be refused by knowing the preferences and dislikes of the residents. This report provides Dietary with those preferences which the residents have so that the Dietary Department can respond to them within reason. This report is useful to the Nursing Department because they monitor the resident's meals. This report will be revised every month.

DIET PREFERENCE REPORT

ROOM#			
BED #	LAST NAME	FIRST NAME	FOOD / FLUID PREFERENCE
00030	ALERTIGHT	BILLY	PREFERS O.G. IN AM
00018	BURKESS	HERSCHEL	DISLIKES COFFEE
00023	DUNNAN	VALARIE	MILKSHAKES
00019	EVANS	HONZEL	ICE CREAM; SAUERKRAUT
00007	FURBES	LUCILLE	DISLIKES MILK
00012	HAUTER	RUBY	
00015	FERR	RUBY	LIVES EVERYTHING
00018	DEROLD	JESSIE	MILKSHAKE
00011	REED	DOLLIE	DISLIKES PEAS
00008	RICHARDSON	DOROTHY	DISLIKES EGGS
00016	WATSON	FRED	NO TITLE

Records Printed : 11

Report Name: Diet Order Report

Person to Use: Dietary Department

Purpose of Report: This report contains the resident name, physician, diet order and date ordered. The Dietary Department will use this report for purchasing and menu planning. This report will be revised every month.

DIET ORDER REPORT

ROOM-RED #	LAST NAME	FIRST NAME	DIET 1 (CODE)	DIET 1 DATE ORDERED
00030	ALBRIGHT	BILLY	REGULAR	15-APR-198
00018	BURFESS	HERSCHEL	2 GM. SODIUM	21-MAR-198
00023	DUNCAN	VALARIE	HIGH PROTEIN HIGH CARBOHYDRATES	28-OCT-198
00019	EVANS	MONZEL	REGULAR	14-NOV-198
00007	FOREIS	LUCILLE	1500 CAL ADA	26-JUL-198
00012	HALLER	RUBY	6FOUND MEAT 1200 CAL ADA	11-MAY-198
00013	KERR	RUBY	1500 CALORIE REDUCTION BLAND	30-SEP-198
00018	OLROYD	JESSIE	REGULAR NO ADDED SALT	11-APR-198
00011	REED	BOLLIE	MECHANICAL SOFT REGULAR	15-MAY-198
00008	RICHARDSON	DOROTHY	FUREED REGULAR	20-MAY-198
00016	WATSON	FRED	BLAND	01-MAY-198

Records Printed : 11

Report Name: Residents on 1:1 Visitation

Person to Use: Activity Department, Social Services

Purpose of Report: This report identifies residents which prefer to be alone or do not wish to participate in group activities. These residents will require individual activities and room visits to be scheduled by the Activity Director. In addition, Social Services can arrange for appropriate individuals to visit these residents. This report will be revised every month.

RESIDENTS ON 1:1 VISITATION - JULY, 1986

ROOM-ROOM #	LAST NAME	FIRST NAME	PREFERS TO BE ALONE
00018	BURRESS	HERSCHEL	X
00019	EVANS	HONZEL	X
00018	OLEVO	JESSE	X
00008	RICHARDSON	DOROTHY	X
00016	WATSON	FRED	X

Words Printed : 5

Report Name: Resident's Club/Organization List

Person to Use: Activity Department, Social Services

Purpose of Report: Maintaining the long term care resident's previous ties with the community promotes independence and increases self-esteem. A quality program is one which makes available and encourages residents to be an active part of the community. This report provides the Activity Director and Social Services the names of clubs or organizations to contact to help maintain previous ties. This report will be revised every month.

RESIDENTS' CLUB / ORGANIZATION LIST - JULY, 1986

LAST NAME	FIRST NAME	MEMBER OF CLUBS OR ORGANIZATIONS:
DUPRESS	HERSCHEL	ELKS AARP
DUNCAN	VALARTE	D.A.R.
EVANS	MUNZEL	UNITED MINE WORKERS
HALLER	RUBY	EASTERN STAR
OLFOYD	JESSIE	AARP
REED	DOLLIE	CHURCH GROUP
RICHARDSON	DOROTHY	BRIDGE CLUB
WATSON	FRED	SKINNERS

Records Printed : B

Report Name: Residents Voting List

Person to Use: Activity Department, Social Services

Purpose of Report: A long term care facility is required to afford their residents the opportunity to vote in elections. This report provides the names of residents who wish to continue voting and those which need to register to vote. This report will be revised every month.

RESIDENTS' VOTING LIST

ROOM- BED #	LAST NAME	FIRST NAME	WANT TO VOTE	REGISTERED TO VOTE
00010	BURRESS	HERSCHEL	X	X
00025	DUNLAP	VALARIE	X	X
00007	FURBIS	LUCILLE	X	X
00015	KERR	RUBY	X	X
00011	KEED	DOLLIE	X	X
00016	WATSON	FRED	X	X

Records Printed : 6

Report Name: Residents with Volunteer Work Experience

Person to Use: Activity Department

Purpose of Report: Participation in volunteer activities by residents promotes self-esteem and a sense of purpose. This report identifies residents who have been volunteers in the past and the organization with which they participated. This information allows the Activity Director to foster individual's contacts with diverse community organizations which are available. This report will be revised every month.

RESIDENTS VOLUNTEER WORK EXPERIENCE

ROOM- BED #	LAST NAME	FIRST NAME	ORGANIZATION
00018	BURRESS	HERSCHEL	BOY SCOUTS
00023	DUNCAN	VALARIE	LEAGUE OF WOMEN VOTERS
00007	FURBES	LUCILLE	MARCH OF DIMES
00012	HALTER	RUBY	RED CROSS
00013	FERR	RUBY	RED CROSS
00011	REED	DOU TE	SUICIDE PREVENTION

Records Printed : 6

Report Name: Residents Interests List

Person to Use: Activity Department

Purpose of Report: A long term care facility is required to provide an activity program which contains religious, recreational, educational, crafts and service activities. A quality activity program is one which is tailored to the particular needs and interests of the residents. This report provides the information necessary to plan an activity program which is individualized according to the interests of the residents. This report will be revised every month.

RESIDENTS'S INTERESTS LIST

LAST NAME	FIRST NAME	RESIDENT'S CURRENT INTERESTS	RESIDENT'S FORMER LIFE'S INTERESTS
ALBRIGHT	BILLY	T.V., LIKES PUZZLES	
BURRESS	HERSCHEL	PLAYS GUITAR, READING	GOLF, TENNIS, CARPENTRY
DUNCAN	VALARIE	CROCHETING, READING, MUSIC, MOVIES, T.V.	COOKING, AEROBICS, JOGGING
EVANS	MONZEL	SOAP CARVINGS, T.V.	GARDENING, SPORTS,
FURBIS	LUCILLE	KNITTING, READING, CROCHETING	HORSEBACK RIDING
HALLER	RUBY	SINGING, T.V., MOVIES, SEWING	PSYCHOLOGY, SEWING, MUSIC
FEED	DOLLIE	SINGING, GARDENING, SEWING	GOURMET COOKING, GARDENING, JOGGING
RICHARDSON	DOROTHY	READING, T.V., ART, SKETCHING	PAINTING
WATSON	FRED	WOODWORKING, CARVING, READING	POLITICS, AEROBIC EXERCISES

Records Printed : 9

Report Name: Resident Strengths List

Person to Use: Activity Department

Purpose of Report: Maximizing a resident's potential strengths are an important component of good care planning. Through proper assessment of a resident's special skills and previous occupation, the information provided in this report provides the Activity Director with areas directed toward maintaining resident's strengths. This report will be revised every month.

RESIDENT STRENGTHS LIST
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| LAST NAME | FIRST NAME | SPECIAL SKILLS | PREVIOUS BUSINESS   |
|-----------|------------|----------------|---------------------|
| BURRESS   | HERSCHEL   | PLAYS GUITAR   | POSTAL WORKER       |
| DUNCAN    | VALARIE    | CROCHETING     | HOMEMAKER           |
| EVANS     | MONZEL     | SOAP CARVINGS  | COAL MINER          |
| FORBIS    | LUCILLE    | KNITS          | RED CROSS VOLUNTEER |
| HALLER    | RUBY       | GOOD LISTENER  | ACCOUNTANT          |
| OLROYD    | JESSIE     | STORY TELLING  | TEACHER             |
| REED      | DOLLIE     | SINGS          | SOCIAL WORKER       |
| WATSON    | FRED       | WOODWORKING    | MILITARY SERVICE    |

Records Printed : 8



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